



## PERIOPERATIVE NURSING/RN CLINICAL SITE CONFIRMATION

Saskatchewan Polytechnic  
Regina Campus  
4500 Wascana Parkway  
PO Box 556  
Regina SK S4P 3A3  
Fax: (306) 775-7760  
E-mail: RegInbox.Regina@saskpolytech.ca

**NOTE: If we do not receive this completed form within 15 days of the date on your letter of acknowledgement, your application will be withdrawn.**

To finalize your application, we must confirm the clinical site to which you are applying.

You may choose only one clinical site. If you wish to apply to another site, you must submit another application with fee.

Return the completed form to Saskatchewan Polytechnic Regina Campus with your application, or separately by mail, fax, or e-mail, as indicated above.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Sask Polytech ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
*DD/MM/YYYY*

- |  |  |
|--|--|
| <input type="checkbox"/> Lloydminster  | <input type="checkbox"/> Regina        |
| <input type="checkbox"/> Moose Jaw     | <input type="checkbox"/> Saskatoon     |
| <input type="checkbox"/> Prince Albert | <input type="checkbox"/> Swift Current |

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*