

<p style="text-align: center;">Froedtert Health Community Memorial Hospital Clinical Instructor Memorandum of Understanding</p>
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I have reviewed the instructor and student information on the Froedtert Health Community Memorial Hospital Schools of Nursing internet website. I will comply with the policies and procedures of Community Memorial Hospital. I will take the information received and cover this with my students. I assure all student/instructor agreements are complete and will return to CMH's School of Nursing Liaison.

Clinical Instructor Signature: _____ Date: _____

School _____