

**de Souza Nurse Designation
Final Clinical Placement Report**

Name (Last Name, First Name)	Date of Birth (D/M/Y)
Home Email	Work/School/Alternate Email
Fellowship starting date (Month/year):	
Fellowship finishing date (Month/year):	
Name of the organization where fellowship took place::	
Location	
Clinic:	
Name of Mentor:	
Mentor contact information (e-mail and phone number):	

Current Position (current employer)

Position Title	
Department or Clinic	
Institution	

Clinical Fellowship Details

2a. Please list the objectives from your original learning plan

2b. For the period covered by this final report, please describe: i) any changes to your original objectives, ii) why these changes occurred, and iii) any impact these changes have had on your fellowship. *(250 words or less)*

**de Souza Nurse Designation
Final Clinical Placement Report**

2c. For the period covered by this final report, please describe any factors (facilitators or challenges) that may have influenced your fellowship experience. *(150 words or less)*

2d. For the period covered by this final report, please describe your **three greatest achievements** and its impact on your practice. *(150 words or less)*

**de Souza Nurse Designation
Final Clinical Placement Report**

2a. Please describe specifically how this fellowship contributed to enhancing your oncology/palliative care *(150 words or less)*

2b. Please provide any additional comments you may have regarding the progress of your clinical practice

**de Souza Nurse Designation
Final Clinical Placement Report**

Scholarly Work

For the period covered by this final report, please list your presentations / other scholarly work.

3a. Presentations already taking place at the time of the final report

Title: _____ Date: _____

Location _____ Audience _____

Title: _____ Date: _____

Location _____ Audience _____

Other Presentations (if Applicable)

3b. Presentations planned post fellowship period

Title: _____ Date: _____

Location _____ Audience _____

Title: _____ Date: _____

Location _____ Audience _____

Other Presentations (if Applicable)

4. Future Plan

Please describe your plan for continued professional development in oncology/palliative care
(150 words or less).

Signature of the Fellow _____ Date _____

Signature of the Mentor _____ Date _____