

**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)*

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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)*

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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

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**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 \_\_\_\_\_