|  |
| --- |
| **General Clinic Information (Address, phone numbers, contact information – please include email address for Clinical Instructors)** |
| **Schedule for ICE (days, hours, assigned CIs)** |
| **General Goals/Objectives for ICE**  |
| **Additional information for students (i.e. typical patient population, common team members students may interact with, meetings or rounds attended, etc.)**  |