



Fox Valley Health Care Alliance

UNDERGRADUATE CLINICAL PLACEMENT REQUEST FORM

Date of Request: _____

Healthcare Facility & Location: _____ **Unit/Dept:** _____

Contract/Agreement Current? _____ **Comments:** _____

School Requesting Placement: FVTC MPTC
 UWO Marian University
 NWTC Other:

Name of Requester School / Coordinator	School Instructor Name:	Course Title:
Email: _____	Email: _____	<i>*Course syllabus available upon request</i>
Phone: _____	Phone: _____	

Nursing:	BSN	ADN	LPN	CNA	Other
Allied Health:	PT	PTA	OT	OTA	ST
	Surgical Tech	Dietician	EMT	Paramedic	Pharmacy
	X-ray tech	Ultrasound	Mammography	Radiation oncology	MRI tech
Medical Imaging:	Nuclear medicine				
Other:	Athletic Training	Biomedical Engineering	Healthcare Administration	Medical Records / Transcription	Other

STUDENT LEVEL/SEMESTER IN SCHOOL OR COURSE DESCRIPTION (Please check all that apply)

<input type="checkbox"/> Interim <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior I <input type="checkbox"/> Junior II <input type="checkbox"/> Senior I <input type="checkbox"/> Senior II	<input type="checkbox"/> Semester <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Accelerated: (indicate level) <input type="checkbox"/> On-site preceptor needed <input type="checkbox"/> Clinical instructor present <input type="checkbox"/> Quality project only, mentor/advisor name if known _____	Comments: _____ _____ _____
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If preceptor is required, are there special requirements or specific licensure needed?

Number of Students: _____ **Total Clinical Hours:** _____ **Days of Week:** _____

Student Name (only if 1:1 placement): _____

Time _____ **First Clinical Day:** _____ **Last Clinical Day:** _____

RECEIVING FACILITY APPROVAL

Accept Deny School Notified **Comments:** _____

Preceptor TBD **Preceptor Name:** _____ **Email:** _____ **Phone:** _____

Contact _____ (Name & phone) **if you haven't been notified by** _____ (date)

Signed by Facility Representative: _____ **Date** _____