



UNDERGRADUATE - CLINICAL PLACEMENT REQUEST FORM - INSTRUCTIONS FOR COMPLETION

PURPOSE: The purpose of this form is to provide a consistent format for requesting student placements among FVHCA facility members and facilitate planning between member schools and facilities. Schools may submit undergraduate requests approximately 3 months prior to clinical start date for most locations; your direct facility contact will provide other information if necessary.

- Last date of request
 - Indicate the name & facility you wish to place a student(s). Some health care organizations have several locations; please specify the exact name (healthcare organization) and location (city) of the facility you are requesting.
 - Indicate specific unit or department within the facility you are requesting placement.
 - Does an agreement/contract exist between facility and school? **NOTE:** If no agreement or contract exists, please indicate this here by saying “no”. **An agreement or contract needs to exist prior to student placement;** please contact healthcare organization for assistance.
 - Identify the school making the request. If school is not listed, please check “other” and specify.
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- Identify the course coordinator and instructor and provide all contact information. This information is vital in the event a situation should occur requiring notification of the school/instructor. If instructor is unknown at time the form is filled out, you must list a school contact name even if it is the same as school requester/coordinator.
 - Indicate the course title: (adult health, the chronically ill patient, second semester clinical, etc.)
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- Please check the type of student that will be placed at the facility. If an appropriate selection is not listed, check “Other” and define. Be as specific as possible, especially with nursing options.
 - Student Level: Identify the student(s) level in school; check all that apply. For 1-2 year programs, indicate the semester. Please identify if on-site preceptor is needed or if school instructor is present. Use the “Comments” to provide a brief synopsis or purpose of the clinical.
 - If preceptor is needed, include any requirements/license needed so an appropriate match can be found.
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- For group requests, include number of students you are asking for placement.
 - Add number of clinical hours needed for each student.
 - List days of the week and time (if precepted, should follow preceptor schedule)
 - Identify the first and last possible clinical day expected (this is the range of dates the student may be onsite).
 - **For 1:1 placements only:** Provide student name, identify if this clinical is the last one before graduation, and check if student is a current employee of the healthcare facility you are requesting placement in.
 - Fill in expected graduation date.

SUBMIT - save the form & send to the appropriate facility contact person for approval/denial.

Note: Facilities will attempt to provide an answer approximately four weeks before the clinical start date, whenever possible. Please be sure to fill out each area completely or your request may be delayed.