UNDERGRADUATE CLINICAL PLACEMENT REQUEST FORM

Date of Request: _____

Healthcare Facility and Location (City): _____ Unit/Dept: _____

Legal Affiliation Agreement Current? ☐ Yes ☐ No ☐ Unsure

School Requesting Placement: ☐ FVTC ☐ UWO ☐ NWTC ☐ MPTC ☐ Marian ☐ Bellin Other: _____

Name of Requestor: _____ Email: _____ Phone: _____

School Instructor Name: _____ Email: _____ Phone: _____

Type of Student -

Nursing: ☐ BSN - Traditional ☐ BSN - Online ☐ BSN - Accel ☐ ADN - BSN ☐ ADN ☐ LPN ☐ CNA

Other: _____

Allied Health: ☐ PT ☐ PTA ☐ OT ☐ OTA ☐ Speech ☐ SW ☐ RT ☐ Phleb ☐ MA ☐ Med Tech ☐ Surg Tech ☐ Dietician ☐ EMT ☐ Paramedic ☐ Pharmacy

Medical Imaging: ☐ X-Ray Tech ☐ Ultrasound ☐ Mammo ☐ Rad Onc ☐ MRI Tech ☐ Nuc Med

Other: ☐ Athletic Training ☐ Healthcare Admin ☐ Med Rec/Transcription ☐ Other (please list): _____

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

Semester ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Sophomore

☐ Junior I

☐ Junior II

☐ Senior I

☐ Senior II

On-site preceptor needed ☐ Yes ☐ No

School Instructor present ☐ Yes ☐ No

Course Title: _____

Is this their final clinical before graduation? ☐ Yes ☐ No

Comments:

_____

_____

_____

_____

If preceptor is required, are there special requirements/licensure needed? _____

# of Students:_____ # of Clinical Hours: _____ Days of Week: _____

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

For 1:1 Student Requests Only

Student Name: _____ Graduation Date (Mo/Yr): _____ Current Employee: ☐ Yes ☐ No

RECEIVING FACILITY APPROVAL

☐ Accept ☐ Deny ☐ Preceptor TBD

School Notified Comments:

Preceptor Name: Email:

Contact: _____ (Name & Phone) if you haven't been notified by _____ (date)

Signed by Facility Representative: _____ Date: _____

April 2020