



Fox Valley Health Care Alliance

UNDERGRADUATE CLINICAL PLACEMENT REQUEST FORM

Date of Request:

Healthcare Facility / Department or Unit Requested:

Contract/Agreement Current?

Comments:

School Requesting Placement:

- FVTC
- UWO
- NWTC

- MPTC
- Marian University
- Other:

Name of Requester Course/Coordinator

Course Instructor:

Course Title:

Email:

Email:

Phone:

Phone:

**Course syllabus available upon request*

Nursing:

BSN

ADN

LPN

CNA

Other

Allied Health:

PT

PTA

OT

OTA

ST

SW

RT

Phlebotomy

MA

Med Tech

Surgical Tech

Dietician

EMT

Paramedic

Pharmacy

Medical Imaging:

X-ray tech

Ultrasound

Mammography

Radiation oncology

MRI tech

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)

- Interim
- Sophomore
- Junior I
- Junior II
- Senior I
- Senior II

- Semester 1 2 3 4
- Accelerated: (indicate level)
- On-site preceptor needed
- Clinical instructor present
- Quality project only, mentor/advisor name if known _____

Comments:

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 of Day or Shift:

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