



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 Requestor 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 1-4, Accelerated, On-site preceptor needed, Clinical instructor present, Quality project only

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