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| FVHCALogoFORMS_e.png**Please Note:** The School must submit this form on behalf of their student; student submissions will not be accepted. One request form must be filled out for each rotation a student needs (one provider,one rotation, one request form). |
| **GRADUATE CLINICAL PLACEMENT REQUEST FORM** |
| **Date of Request:** |
| **University/College Requesting Placement:** |
| **Name/position of person making this request:** |
| **Affiliation Contract/Agreement Current?** |  |
| **School Instructor Name (Not onsite preceptor)****Email: Phone:** | **Course Title:***\*Course syllabus available upon request* |
| **Student Name (Last, First, Middle Initial):** |
| **Student Type or Degree: (Med student, NP, PA, PT, OT, AT, Pharmacy etc.)** |
| **Student School Email Address:** |
| **Student Level/Semester** Graduation Date: |
| **Name of Healthcare Facility & location:** Unit/Dept: |
| **Is this rotation mandatory for degree completion?****If not, why is the student interested in this area?** |
| **Is this the student’s first rotation with this healthcare facility?** |
| **First Clinical Day:** | **Last Clinical Day:** | **Total Clinical Hours for this rotation:** |
| **Has student communicated with someone about potentially serving as their preceptor? If so, list name/location.****(Note: this does not guarantee placement with the preceptor, and the process of each healthcare organization must be followed – some do not allow students to reach out directly regarding preceptors, etc.)** |
| **Is the student a current employee of the healthcare facility? Yes No** |
| **If yes, provide where, role, and current FTE:** |
| **List any requirements/credentials needed of preceptor:** |
| **RECEIVING HEALTHCARE FACILITY APPROVAL** |
| **Accept Deny** | **School Notified Comments:** |
| **Preceptor TBD** | **Preceptor Name:** |
| **Phone:** | **Email:** |
| **Contact** (name & phone) **if you haven’t been notified by** (date) |
| **Signed by Healthcare Facility Representative:** | **Date** |

Updated: February 2022