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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