

**SELF REGIONAL HEALTHCARE
REQUEST FOR STUDENT PLACEMENT FORM
(One request per group of students)**

Semester _____ Year _____

- Directions: 1) Complete questions below and email to: abbey.hope@selfregional.org
2) Form must be submitted **(2 WEEKS)** prior to beginning clinical rotation.

1. School:							
2. Student profile: (circle) BSN ADN LPN Surg Tech Paramedic PCT Other							
3. Level: (circle) Freshman Sophomore Junior Senior				4. Course:			
5. First Clinical Day:				6. Last Clinical Day			
7. Holiday/break this clinical rotation:							
8. Orientation request: Date:				Time:			
9. Clinical Day(s): (circle) Monday Tuesday Wednesday Thursday Friday Saturday							
10. Time:							
11. Number of students:							
12. Instructor(s):							
13. Contact Person:				Phone #:			

*** Please check below preferred units and list number of students you would like assigned to each unit (if known).			
SRH UNITS	Student Max	PREFERRED UNITS	# OF STUDENTS
Pediatrics	2		
Women's/Childbirth Center (Undelivered, GYN, Mother/Baby, Nursery, Labor)	5 (LDRP & 2T)		
NICU	1		
3 Tower (General Surgery)	3		
4 Tower (General Surgery-Neuro, Spine, Ortho/Vascular)	6		
5 Tower (Medical)	6		
6 Tower (Medical)	3		
7 Tower (Telemetry)	6		
8 Tower (Progressive Care Unit)	6		
ICU	2		
CICU	1		
OR	3 (1 per room)		
PACU	3 (1 in holding)		
CSP	1		
ACC (Ambulatory Care Center)	2		
ECC	3		
WOC (Wound Ostomy Continence)	1		
Endoscopy	1		
Home Health	2-4		
Dialysis	1		
Diabetic Ed (Mon, Tues, Fri)	2		
Cath Lab	1		
BHC	6		
Nursing Supervisor	1		
Anesthesia	1		
Wound Healing Institute (WHI)	1		

Signature: _____ Date Submitted: _____

Approved: _____ Date: _____