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

Semester _____   Year _____

Directions: 1) Complete questions below and email to: esisiam@selfregional.org & tgalphin@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   Sunday
10. Time or rotating group times   11. Number of students:
12. Instructor(s):
13. Contact Person: Phone #:
14. Clinical time/units without supervising school Faculty or in SRH preceptored/observational roles:
15.Will this class be alternating dates/times with another class/instructor?

*** **Please check below preferred units and list number of students you would like assigned to each unit (if known).**

SRH UNITS [note limitations]	Student Max	# OF STUDENTS	NOTES
Pediatrics	2		
Women's/Childbirth Center (Undelivered, GYN, Mother/Baby, Nursery, Labor)	5 (LDRP & 2T)		
NICU	1		
3 Tower (General Surgery)	6		
4 Tower (General Surgery-Neuro, Spine, Ortho/Vascular)	6		
5 Tower (Medical)	6		
6 Tower (Medical)	6		
7 Tower (Telemetry)	6		
8 Tower (Progressive Care Unit)	6		
ICU	2		
CICU	2		
OR	3 (1 per room)		
PACU	3 (1 in holding)		
CSP	1		
ACC (Ambulatory Care Center)	3		
ECC	5		
WOC (Wound Ostomy Continence) (Tues, Wed, Th, Fri) [0830-1200]	2		
Endoscopy	1		
Home Health	4		
Dialysis (Mon, Wed, Fri)	1		
Diabetic Ed (Mon, Tue, Wed, Thur) [0830-1200]	2		
Cath Lab [0730 -1600]	1		
BHC	6		
Nursing Supervisor [0630-1830] [1830-0630]	1		
Anesthesia	1		
Wound Healing Institute (WHI) [0800-1630]	1		
Peripheral/EP Lab [Angio] [0730 -1600]	1		
Non-Invasive Cardio [0730 -1600]	1		
Cancer Center Infusion [0730-1630]	2		

Signature: _____   Date Submitted: _____

Approved: _____   Date: _____