

SELF REGIONAL HEALTHCARE: Nursing Related Student Placement Form
(One request per group of students)

Semester _____ Year _____

Directions: 1) Complete questions below and email to: NursingClinicalRequest@selfregional.org
 2) Form must be submitted (**2-3 WEEKS**) prior to beginning clinical rotation

1. School:							
2. Student profile: (circle) BSN ADN LPN PCT/CNA Paramedic Other							
3. Level: (circle) Freshman Sophomore Junior Senior Other	4. Course:						
5. First Clinical Day:	6. Last Clinical Day						
7. Holiday/break in 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. Instructors(s):						
13. Primary Contact Person:	Phone #:						
14. Clinical time/units without supervising school Faculty or in SRH preceptor/observational roles:							
15. Will this class be alternating dates/times with another class/instructor?							

***For Preceptor Experience: How many hours are requested:

What are the top 3 choice areas for Preceptor experience: 1st 2nd 3rd

Any educational or other requirements of the Preceptor:

*** For Faculty led/ traditional Clinicals: Please complete and list number of students assigned to each unit

SRH UNITS [note limitations]	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)	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)	2		
ECC	5		
WOC (Wound Ostomy Continence) (Tues, Wed, Th, Fri)	2		
Endoscopy	1		
Home Health	4		
Dialysis (Mon, Wed, Fri)	1		
Diabetic Ed (Mon, Tues, Fri)	2		
Cath Lab	1		
BHC	6		
Nursing Supervisor	1		
Anesthesia	1		
Wound Healing Institute (WHI)	2		
OTHER Request:			
OTHER Request:			

Signature: _____

Date Submitted: _____

Approved: _____

Date: _____