

**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](mailto: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 preceptored/observational roles:							
15. Will this class be alternating dates/times with another class/instructor?							

<b>***For Preceptor Experience:</b> How many hours are requested:		
What are the top 3 choice areas for Preceptor experience: 1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Any educational or other requirements of the Preceptor:		

<b>*** For Faculty led/ traditional Clinicals: Please complete and list number of students assigned to each unit</b>			
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: \_\_\_\_\_