



## Nursing Student Faculty-Led Clinical Placement Request

Complete one form for each clinical semester (fall, spring, summer). Include requests for different hospitals on the same form. List each student group separately, do not combine requests.

Ex: One student group on Thursday & Friday is one request. One student group on Thursday, a second group on Friday, is two requests.

Ex: One student group the first half of the semester and a different student group the second half of the semester is two requests.

**School Name:** \_\_\_\_\_ **Clinical Semester:** \_\_\_\_\_ **Course Name & Number:** \_\_\_\_\_

**Primary Contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Student Name	Student Semester (1 <sup>st</sup> , Sr, etc)	Hospital*	Unit	First Day of Clinical Rotation	Last Day of Clinical Rotation	Day(s) of Week	Shift Hours	Total # Hours per Student	# of Students	Faculty Name

\***EUH:** Emory University Hospital, **EUHM:** Emory University Hospital Midtown **EUOSH:** Emory University Orthopedic and Spine Hospital **WWGH:** Wesley Woods Geriatric Hospital  
**TEC:** The Emory Clinic **ESJH:** Emory Saint Joseph's Hospital

Send completed form to Susan Jones, Clinical Affiliations Coordinator, Nursing Education

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