

Parkview Health NP & PA Student Placement Request Form

Thank you for your interest in Parkview Health. We look forward to reviewing your request and hope to work with you in the future. To further assist us and ensure timely processing of your request we ask that you review and abide by the guidelines listed below:

- Application submission does not guarantee placement with a Parkview Health provider.
- Notify our office immediately to withdraw a pending application or make adjustments to a current application.
- “Cold-calling” or any form of impersonal approach by students to solicit Parkview Health preceptors is prohibited.

Student placement requests may be submitted during the designated dates listed below.

Semester	Student Application Period	Student Services will seek student placement	Final Notification to Student on/or before
Fall (Aug-Dec start dates)	Nov. 1- Mar.1	Dec.1- Apr. 1	Apr. 15
Spring (Jan-Apr start dates)	Mar. 1-July 1	Apr.1- Aug.1	Aug. 15
1st yr. Student starting in Fall looking for Spring (Jan-Apr start dates)	Aug. 1-Oct. 1	Aug. 1-Oct. 1	Oct. 15
Summer (May-Jul start dates)	Sept. 1 – Jan 1	Oct. 1 – Feb. 1	Feb 15

Steps of Placement Process

- Confirm Parkview Health and school institution have an active affiliation agreement in place.
 - If an affiliation agreement is needed, please be aware that placement will be contingent on the completion a fully executed agreement and that agreements can take an extended amount of time to be completed.
- Complete the NP & PA Placement Request form and submit documentation to students@parkview.com for processing. In addition to the request form please attach a copy of the following:
 - Unofficial School Transcript
 - Current Resume
 - Letter of Recommendation
 - Letter of recommendation should be 200 words or less, written by school faculty or staff.

You will receive a confirmation email once the request form and additional documentation has been processed.

NOTE: The Student Services department cannot guarantee student placement. Student placements are confirmed or denied based on numerous factors including the discretion of the manager, availability of the requested location, number of preceptors available, and the number of hours that can be accommodated per semester.

- Confirmation and additional paperwork will be sent by a Student Services Team member about your placement if your request is confirmed.

Please submit completed form to:
 Parkview Student Services | 1919 W. Cook Rd
 Fort Wayne, IN 46818 Email:
students@parkview.com

Parkview Health NP & PA Student Placement Request Form

This section is to be completed by the student requesting placement.

Please complete all fields.

Is this student experience for school credit or class requirement?	<input type="checkbox"/> YES, continue filling out this form. <input type="checkbox"/> NO STOP! Experiences <u>must be for school credit</u> to be permitted.		
Full Name Including Middle Initial		Date of Birth:	
Full Student Social Security Number	<i>*If you do not have a social security number, please provide your international Visa number.</i>	Phone Number:	
School Email (Only.edu Address)			
Any academic warnings or remediation? If yes, please explain.			
Any course or rotation failures? If yes, please list.			
Any disciplinary warnings or remediation? If yes, please explain.			
Were you raised or trained in the Fort Wayne region?	Do you plan on staying in the Fort Wayne region when you finish NP/PA training?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a current Parkview Health Employee?	If employee, in what department and location do you currently work:	If employee, have you had any formal corrective action or suspension within the last 12 months?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Student Type: Mark the appropriate student type	Mid-Level Providers		Licensing
	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> DNP Clinical <input type="checkbox"/> Nurse Practitioner MSN <input type="checkbox"/> Nurse Midwife MSN CNM		<input type="checkbox"/> Indiana <input type="checkbox"/> Ohio
School Name:		Does your school have a current affiliation agreement with Parkview?	<input type="checkbox"/> YES <input type="checkbox"/> NO
School Coordinator Name & Contact Information:			
_____ (insert semester & year on line, i.e. Spring 2020)			
Clinical Start Date(mm/dd/yy)_____ Clinical End Date(mm/dd/yy)_____			
School Course Name And Number:			
Total Clinical Hours Needed for Indicated Course:		Total Hours Per Week:	
Day(s) of week: (Please Highlight)	Sun Mon Tues Wed Thurs Fri Sat	Time(s) of Day Available:	
Desired Specialty:			
Name of Desired Provider:			
Desired Parkview location(s): <input type="checkbox"/> Indiana <input type="checkbox"/> Ohio	<i>*Please list location(s). Ex. Wabash, Huntington, Fort Wayne etc.</i>		

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