

Clinical & Non-Clinical 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 your educational 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	

Please Chose the Appropriate Student Type:	<input type="checkbox"/> ASN/ ADN <input type="checkbox"/> BSN/ BS <input type="checkbox"/> CNA <input type="checkbox"/> Counseling <input type="checkbox"/> Diagnostic Imaging <input type="checkbox"/> Dietary/Nutrition <input type="checkbox"/> DNP Non- Clinical <input type="checkbox"/> EMT/ Paramedic <input type="checkbox"/> LPN <input type="checkbox"/> MA – Clinical <input type="checkbox"/> MA – Administrative <input type="checkbox"/> MBA	<input type="checkbox"/> Med/Lab Tech <input type="checkbox"/> MSN <input type="checkbox"/> Pharmacy <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> Phlebotomy Tech <input type="checkbox"/> Psychology <input type="checkbox"/> PT <input type="checkbox"/> PT Assistant <input type="checkbox"/> OT <input type="checkbox"/> OT Assistant <input type="checkbox"/> Resp. Therapy <input type="checkbox"/> Speech Lang. Pathology	<input type="checkbox"/> Social Work <input type="checkbox"/> Surgical Tech <input type="checkbox"/> Other Student Type: _____
	Please Chose Experience Type		
	<input type="checkbox"/> Internship <input type="checkbox"/> Externship <input type="checkbox"/> Practicum		
School Name:		Does your school have a current affiliation agreement with Parkview Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO
School Program Coordinator Name & Contact:			
Clinical Start Date(mm/dd/yy) _____ Clinical End Date(mm/dd/yy) _____			
Course Name And Number:			
Total Hours Needed for Indicated Course:		Total Hours Per Week:	
Day(s) of week: <i>(Please Highlight)</i>	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	*Please list location(s). Ex. Randallia, Huntington, Behavioral Health etc.		