

**JOHNS HOPKINS UNIVERSITY
SCHOOL OF NURSING**

Clinical Placement Request Form

Completion of this form is required for EACH CLINICAL placement. Placement information will be reviewed with your course faculty.

Course Name: _____

Semester: _____

Student Name: _____
 First **Middle Initial** **Last**

Home Address: _____

Email: _____

Phone: _____

Advisor: _____

Track (mark with an X): ___ Pediatric NP ___ Adult/Geriatric Primary Care NP
 ___ Family NP ___ Adult/Geriatric Acute Care NP

Professional Experience as a Registered Nurse:

State(s), to include DC, of active RN licensure: _____

Total years in nursing _____

<u>RN Work Experience</u>	<u>Position(s)</u>	<u>Years</u>
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Other work experience:

Most clinical sites offer clinical hours M-F between 9am and 5pm. All students are expected to complete the required number of clinical hours during the semester. Students must notify their August 10, 2015

clinical instructor and course faculty no later than mid semester if they will be unable to complete their assigned hours. (*It's possible that you can be assigned to more than one clinical day in a week.*)

Indicate any other language you speak:

Please list previous clinical placements:

<u>Course</u>	<u>Site</u>	<u>Preceptor</u>	<u>Type of clinical setting</u>

What suggestions do you have for your practicum?

First Suggestion:

Name:

Contact information:

Second Suggestion:

Name:

Contact information:

Please return to email SON-MSNSiteRequest@jhu.edu by March 4th 2016.

August 10, 2015

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