

## Providence Swedish - South Puget Sound ARNP, CNM & PA Student Placement Request Form

Thank you for your interest in Providence Swedish South Puget Sound. We seek to partner with the best students and academic programs to promote APP practice. We look forward to reviewing your request but please know we receive many more requests for clinical experiences than we can accommodate. To further assist us and ensure timely processing of your request we ask that you review guidelines below and provide us with all elements of the application so we can efficiently evaluate your request.

- Application submission does not guarantee placement with a Providence Swedish South Puget Sound provider.
- Please allow us a minimum of six weeks to receive a response.

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

Semester	Student Application Deadline
Fall (August – December start dates)	June 1
Spring (Jan – Apr start dates)	September 1
Summer (May – Jul start dates)	February 1

STUDENT INFORMATION	
Full Legal Name	
Student Email Address	Phone Number
Student Type: <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner DNP <input type="checkbox"/> Other: <input type="checkbox"/> Nurse Practitioner MSN <input type="checkbox"/> Nurse Midwife CNM	
SCHOOL INFORMATION	
Current School Name	Graduation Date
Faculty/Clinical Contact Name	Phone Number
Email Address	
Does your school have a current affiliation agreement with Providence South Puget Sound? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If an affiliation agreement is needed, please be aware that placement will be contingent on the completion of a fully executed agreement and that agreements can take an extended amount of time to be completed.</i>	

ROTATION INFORMATION						
Semester for current application (check appropriate term) Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Year						
Specialty	Preceptor	Location	Start	End	Hours needed	Preceptor identified?
1)						Yes <input type="checkbox"/> No <input type="checkbox"/>
2)						Yes <input type="checkbox"/> No <input type="checkbox"/>
GENERAL INFORMATION						
Providence Swedish Employment Status		Current <input type="checkbox"/>	Previous <input type="checkbox"/>	NA <input type="checkbox"/>		
Have you completed a clinical rotation with Providence Before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
ADDITIONAL REQUIREMENTS						
Students and/or school coordinator must submit the following to <a href="mailto:phsswprofpracticums@providence.org">phsswprofpracticums@providence.org</a>						
1) Completed Application		3) Practicum Guidelines/syllabus.				
2) Student CV or Resume		4) Letter of Introduction – learning goals and professional aspirations				
Notification of rotation approval or denial will come from the Education Program Coordinator. If approved, additional onboarding steps will be necessary for rotation clearance.						
Signature _____				Date _____		
<i>By typing your name, you agree to your electronic signature is legal equivalent of your manual signature on this application.</i>						