

**AFFINITY HEALTH SYSTEM
REQUEST FOR STUDENT PLACEMENT FORM
FOR CLINICAL EXPERIENCE**

(One request per group/semester of students, please)

Directions:

1. Complete questions below and return form to:

**If only one student coming, please print name,
phone number and Email address:**

Mercy Medical Center
Attn.: Affinity Learning Center
500 South Oakwood Road
Oshkosh, Wi. 54904

OR FAX to 1-920-223-0286

2. Form must be submitted no later than 3 weeks prior to the students' actual start date.

1. School _____

2. Facility requested:

_____ Mercy Medical Center _____ Network Health Plan
_____ Affinity Medical Group * _____ Other
_____ St. Elizabeth Hospital

* identify which clinic site i.e.: Midway, Little Chute

3. Department requested: _____
(i.e. PT, PTA, OT, OTA, 2 North Nursing, E.R., etc.)

4. Student profile (check one of the following):

_____ Graduate _____ BSN _____ ADN _____ LPN Other _____
Type of student/or program _____

5. Level: _____

6. Course: _____

7. First Clinical Day _____ Last Clinical Day _____

8. Clinical Day(s) (Check one or more of the following.)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

Total number of hours required per week _____ **Number of Students** _____

9. Time of rotation(s) (Ex. 8 am – 12 N) _____

10. Instructor _____ Telephone # _____

Contact Person _____ Telephone # and Email Address: _____

Director of Program signature Date

Instructor Signature Date

***** To be completed by department Director/Manager/lead or designee *****

11. _____ Approved _____ Date _____

Dept. Manager/ Lead/Designee Signature Denied _____ Date _____

AHS Preceptor Name: _____ **Telephone Number:** _____

*** Please return this form to Nancy Schmidt, Affinity Learning Center - MMC**