Clinical Experience Request Form

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| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | EEHealth Employee | Yes |  | No |  |
| Contact phone number: |  | Email |  |
| Department currently employed at EEHealth: |  |
| Hire Date: |  | Status (FT/PT/PRN): |  |
| Manager/Supervisor contact information |  |
| Rotation type requested (primary care, obstetrics, pediatrics\*): |  |
| \*please note EMG offices currently do not have pediatric rotations available. Any pediatric hours will be with a family practice provider. Please be sure your school approves this type of rotation before applying. |
| Start/end dates requested |  | Total hours required |  |
| Can you do a rotation at a Walk-in Clinic |  |
| School Name |  |
| Program name (FNP, Acute care, etc.) |  |
| School Coordinator |  |
| Email |  |
| Phone |  |

* Email Margaret.Cross@eehealth.org this form and the following information:
* CV/Resume
* Transcript (official of unofficial)
* Paragraph stating why you selected Edward Medical Group for your clinical placement
* One (1) Letter of recommendation from your unit manager
* All paperwork **must be submitted together via PDF or Word document files. JPEGs cannot be accepted**.
* Applicants must be employed at Edward for at least 6 months before applying. If you are no longer working at Edward at the time of your clinical, you may be required to forfeit your placement.
* Applicant notification will occur within 30-45 days of application deadline.
* **Please understand that you are not guaranteed placement, please continue to seek placement with other providers until you have been notified of placement.**

