Clinical Experience Request Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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\*): | | | | | | | | | | | | | | |  | | | | | | |
| Start/end dates requested | | | | | | |  | | | | | | Total hours required | | | | |  | | | |
| Can you do a rotation at a Walk-in Clinic or Immediate Care | | | | | | | | | |  | | | | | | | | | | | |
| School Name | | |  | | | | | | | | | | | | | | | | | | |
| Program name (FNP, Acute care, etc.) | | | | | | | |  | | | | | | | | | | | | | |
| School Coordinator | | | |  | | | | | | | | | | | | | | | | | |
| Coordinator Email | | | | | |  | | | | | | | | | | | | | | | |
| Coordinator Phone | | | | | |  | | | | | | | | | | | | | | | |

* Logo

  Description automatically generatedEmail this form to the appropriate address below:
* [Edward\_Hospital\_Student\_Rotations@eehealth.org](mailto:Edward_Hospital_Student_Rotations@eehealth.org)
* [Elmhurst\_Hospital\_Student\_Rotations@eehealth.org](mailto:Elmhurst_Hospital_Student_Rotations@eehealth.org)
* [EEMG\_Student\_Rotations@eehealth.org](mailto:EEMG_Student_Rotations@eehealth.org)
* **Please understand that you are not guaranteed placement, please continue to seek placement with other providers until you have been notified of placement.**

Logo

Description automatically generated