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\*): |  |
| 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 |  |

* Email this form to the appropriate address below:
* Edward\_Hospital\_Student\_Rotations@eehealth.org
* Elmhurst\_Hospital\_Student\_Rotations@eehealth.org
* 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.**

