**Edward Hospital Clinical Experience Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nursing School | | | | | |  | | | | | | | | | |
| Semester | | | | | |  | | | | | | Year | | |  |
| School Coordinator | | | | | | |  | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | |
| Course Title | | |  | | | | | | | Student Level | | |  | | |
| Unit Preferred | | | |  | | | | | | | | | | | |
| Alternate Unit | | | |  | | | | | | | | | | | |
| Dates |  | | | | | | | | Days of the Week | | | | |  | |
| Hours on Unit | | | | |  | | | | | | | | | | |
| School of Nursing Faculty Name | | | | | | | | | | |  | | | | |
| Number of Students | | | | | | | |  | | | | | | | |

* All Adult inpatient units: maximum 6 students on unit, optional additional 2 students in off unit observation
* Pediatric unit: maximum 4 students on unit, optional additional student in off unit observation as available.

Additional off unit observation experience requested (one student per unit)

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Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

