**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

