

Deadline for Placement Requests

FALL SEMESTER:
MAY 15TH

SPRING SEMESTER:
OCTOBER 31ST

SUMMER SEMESTER:
MARCH 31ST



Complete and return this form via email or fax.

Questions?

Please Contact Kristel Van Hoose
Email: kristel.vanhoose@gjhosp.org
Phone: (970) 644-3429
Fax: (970) 644-3439

Name of School: _____

Person Completing this Form (include title): _____

Clinical Rotation Description: _____

Type of Program:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> LPN | <input type="checkbox"/> RN Leadership |
| <input type="checkbox"/> AAS | <input type="checkbox"/> RN Senior Specialty |
| <input type="checkbox"/> BSN | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> RN Capstone | |

Requested Area/Unit: _____

(a separate request form must be completed for each area/unit requested)

Days of the Week Requested, Please Circle:

Mon Tues Wed Thurs Fri Sat Sun

Times Requested: _____

Level of Students: _____

Will students be giving direct patient care? Yes No

Will students be giving any medications? Yes No

Are observational experiences requested? Yes No

Term Start Date: _____ Term End Date: _____

Total Number of Students: _____

Faculty/Course Coordinator:

Name: _____

Email: _____

Phone Number: _____

You will receive confirmation via email or phone when we can assure you student's placement at Community Hospital. If your student(s) is/are unable to be granted clinical hours at Community Hospital, we will notify you as soon as possible.