

Children's Hospital of Wisconsin, Inc.

Nursing student placement request form for undergraduate students

DEADLINES for 1:1 precepted placement requests are as follows:

- **May 31st - Fall placements** (start date of 8/15 – 11/30) • **April 1st - Summer placement** (start date of 5/1-8/15)
- **November 1st - Spring placements** (start date of 12/1 – 5/1)

*Please note: For a preceptorship request, a separate Student Placement Request Form must be completed for each student)

Name of affiliated school: _____

BSN program: Senior 1st semester 2nd semester **ADN program:** 4th Semester 5th semester

*precepted experiences are reserved for seniors or 4th and 5th semester ADN students

Student Information – *Student Information Sheet (SIS) must accompany all undergraduate requests. (may also be found on www.chw.org/students - placement coordinators - forms).*



Student information
sheet for students re

Name of student: _____

Student contact information: phone: _____ e-mail (official school): _____

Is this student a CHHS employee? yes no

Has this student successfully completed a previous clinical rotation at CHW? yes no*

**If no student must take electronic health record training, even if completed at another organization.*

If yes, when and what unit/clinic? _____

Days* of week/shift availability: _____

**each day must consist of a full 8 or 12 hour shift and begin at handoff, students may not start mid shift.*

Requested Unit/Area of interest (see unit profiles):

1. First choice: _____
2. Second choice: _____
3. Third choice: _____

Start and end date of requested preceptorship: _____

Course name and Information (Please attach course description)

Course required preceptorship hours: _____

Any additional course requirements that need to be accomplished at CHW?: _____

Faculty

Coordinator name: _____ phone: _____ email: _____

Course Faculty name & credentials: _____ phone: _____ email: _____

Please provide any other pertinent information that may help us consider this student for placement:

Return this form and **the Student Info Sheet** via

Mail paperwork to:

CHW Schools of Nursing
9000 W. Wisconsin Avenue, MS B265B
Milwaukee, WI 53226

Fax paperwork to:

Schools of Nursing
414-266-5731

Email to:

CHW Schools of Nursing
CHWSNPlacement@chw.org
Questions? Call 1-414-337-CALL (2255)