



# Kaiser Permanente Orange County

## Clinical Student Application Request

Thank you for your interest in completing your clinical preceptorship at our Kaiser Permanente Orange County facilities. Please complete and return this request form to **OC-Students@kp.org**. Once received, our student coordinators will review your application and determine if we are able to accommodate your educational needs.

### Student Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 SSN: \_\_\_\_\_

Current or previous Kaiser employee?  Yes  No  
*If yes, NUID:* \_\_\_\_\_ *KP Department:* \_\_\_\_\_

### School Program Information

School: \_\_\_\_\_  BSN  MSN  Other \_\_\_\_\_  
 Address: \_\_\_\_\_ Required number  
 Course Title: \_\_\_\_\_ of clinical hours: \_\_\_\_\_

### Instructor Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Clinical Placement Requirements

What are the learning objectives for your clinical experience? (Please attach a copy of your clinical course objectives)  
 What qualifications, credentials and/or specialty does your preceptor need to have? \_\_\_\_\_

Do you have a preceptor?  Yes  No Which facility will you be completing your rotation? \_\_\_\_\_  
*If yes, KP employee's name:* \_\_\_\_\_ *KP Dept:* \_\_\_\_\_

**Clinical Dates:** From: \_\_\_\_\_ to: \_\_\_\_\_ **Clinical Days:** \_\_\_\_\_ **Time:** \_\_\_\_\_ to \_\_\_\_\_

### Information ONLY

If we are able to accommodate your request, you will be notified via the email provided on this application. If you are accepted as a student you **will be required** to complete and submit the following, (*please do not submit any of these items with this applicaiton*):

- ♦ Background Check
- ♦ Drug Screen
- ♦ KP HR forms
- ♦ Online KP Learn modules
- ♦ Health Screening
- ♦ Immunization Records
- ♦ CPR from *The American Heart Association, Healthcare Provider BLS*
- ♦ HealthConnect computer training

Your signature below indicates all of the information on this application is true and correct; you agree to comply with all of the **Kaiser Permanente Orange County** onboarding student requirements and regulations; and you understand that completion of this application does not guarantee clinical placement within our facilities.

\_\_\_\_\_  
 Student Signature Date