



Panorama City Medical Center

Student Unpaid Field Experience and Training Application Request

*Requests are processed on a first-come, first-serve basis. Submit this request, along with a copy of the syllabus **and** objectives 3 months prior to desired clinical start date.*

Individual Student

Student Name: _____ Phone Number: _____

E-mail: _____

Preceptor Name: _____ Department: _____

E-mail: _____ Phone Number: _____

Student Group/Cohort

Total # of students in group/cohort: _____ Department: _____

Designated Instructor: _____

Email: _____ Phone Number: _____

Name of School: _____ School Contact Person: _____

Email: _____ Phone Number: _____

School Address: _____

Student Category: NP PA MSN BSN ADN LVN MA Other _____

Student/Group Level: First Year Second Year Other: _____

Focus of Rotation (Course Title): _____

Clinical experience requested: _____

(ex. MedSurg, Ob/Gyn, Pediatrics, Geriatrics, Family Medicine, etc.)

Clinical Rotation Dates Start: _____ End: _____

Total Clinical Hours Requested: _____

Clinical Days Requested: Mon Tue Wed Thurs Fri Sat Sun Times: _____

Date Request Submitted: _____ Signature: _____

For Academic Liaison Use Only:		
Request Granted	Current contract with Kaiser Permanente? Yes	No
Request Denied	Reason: _____	
Date: _____	Signature: _____	