



REQUEST FOR AMBULATORY STUDENT PLACEMENT

Thank you for your interest for an ambulatory student placement at Kaiser Permanente South Bay Medical Center. Please complete and return this form to SB-Students@kp.org. Our department will review your application and determine if we are able to accommodate your request.

Student Name: _____ **Request Date:** _____

Name of College/University: _____

Degree Program: NP BHCA BSN MSN Other: _____

Name of Program: _____ **Course Name:** _____

Instructor Name: _____ **Contact #** _____

Course Syllabus and Course Objectives (attach)

Student Placement Semester: Fall Spring Summer

Type of Request: Clinical Non-Clinical Leadership (1:1)

Identify required department(s) to complete student placement:

(1) _____ # of required hours: _____

(2) _____ # of required hours: _____

(3) _____ # of required hours: _____

(4) _____ # of required hours: _____

Provide your days and hours of availability for student placement:

DAYS	MON	TUES	WED	THUR	FRI
HOURS					

Start Date: _____ **Completion Date:** _____ **Expected Absences:** _____

To be completed by the Nursing Education & Professional Development Department:

Request Approved Date: _____ Date sent to Manager/DA/ADA or Provider preceptor: _____

Assigned Department(s): (1) _____ (2) _____ (3) _____

Submit three (3) months prior to start date.