



REQUEST FOR INPATIENT STUDENT PLACEMENT

Thank you for your interest in completing your rotation/preceptorship at Kaiser Permanente South Bay. Please complete and return this form to SB-Students@kp.org. Our student affiliate coordinator will review your application and determine if we are able to accommodate your application request.

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

Name of College/University: _____

Degree Program: ADN BSN MSN Other: _____

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

Instructor Name: _____ **Contact #** _____ Course Syllabus Attached

Student Placement Semester: Fall Spring Summer

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

Identify required unit(s) to complete student placement (*Inpatient Clinical Students ONLY*): ICU/SDU
 2000/3000 (Obs/Tele/Stroke) 3400 (Surgical/Ortho) 4200 (M/S Tele) 4300 (M/S Tele/Oncology/Stroke) ED
 Maternal Child Health (L&D/Post Partum/NICU)

Level of experience (Semester/quarter in program): _____ **Number of students:** _____

Instructor/student ratio (Max 1:10 for clinical rotation): _____

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT
HOURS							
# of STUDENTS							

Instructor(s)	Contact No. & Email

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 Provider preceptor: _____

Assigned Manager/Unit: _____

Only one clinical placement request per form. Submit three (3) months prior to desired start date.