



KAISER PERMANENTE®

Woodland Hills

Student Placement Request

Individual Student

Student Name: _____

Phone Number: _____

E-mail: _____

Computer access needed: Yes** No

Preceptor Name: _____

Department: _____

E-mail: _____

Phone Number: _____

Student Group/Cohort

Total # of students in group/cohort: _____

Designated Instructor: _____

Computer access needed: Yes** No

Email: _____

Phone Number: _____

Will Instructor be present at Kaiser Permanente Woodland Hills during the clinical rotation? Yes No

Submit the KP CPM & HealthConnect Access Request Form at least 4 weeks prior to requested start date

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: _____

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.

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