

Children's Wisconsin, Inc.

Nursing Student Placement Request Form for Clinical Groups

DEADLINES for clinical group placement requests are as follows:

- March 1st for Fall placements
- March 1st for Summer placements

• October 1st for Spring placements

BSN pı	of affiliated school: ogram: Senior 1st semester 2nd semester ADN program: 4th Semester 5th semester
	<u>sted Unit/Area:</u> First Choice:
	Second Choice:
	Third Choice:
	al Request
1.	Start and end date of clinical: (actual time here, not semester dates)
2.	Does this group split mid way through semester? yes no If so what is the last day of first group
	and first day of second group:
3.	Days of Week/shift availability: (please list all possible days/shifts available)
4.	Actual time on the unit each shift: (how many hours <u>not</u> including prep and post conference)
5.	Total number of clinical hours required:
6.	How much time needed before shift (prep) and after shift (debrief)
7.	If request is approved best day and time for electronic health record training:
	al Instructor
	Name and credentials:
2.	Instructor phone number: E-mail address:
3.	Has the clinical instructor taught at CHW in the past? yes no (new instructors must submit resume for approval
4.	If yes, what unit and when?
5.	If no, has this instructor taught a clinical elsewhere in the past? yes no. If yes, when and where:
6.	The requested instructor has experience in the following areas: Med/Surg PICU CICU NICU DS/OR/PACU Neurosciences Hematology/Oncology Other
	(Name and Number, please attach brief description) ated number of students in group: (maximum number of students - <u>8 acute care</u> unit and <u>6 - critical care</u> unit)
<u>Other</u>	Information:
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Questions? Call 1-414-337-CALL (2255)