



Kids deserve the best.

Children's Hospital of 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

The shifts for clinical groups are 7:00 am – 3:00 pm (days) and 3:00 pm – 11:00 pm (pms). There may be overlap for prep and post conference but not actual time on the unit. **Accurate times and dates** are extremely important.

Name of affiliated school: _____

BSN program: Senior 1st semester 2nd semester **ADN program:** 4th Semester 5th semester

Requested Unit/Area:

1. First Choice: _____
2. Second Choice: _____
3. Third Choice: _____

Clinical 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 not 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: _____

Clinical Instructor

1. 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 _____

Course Information: _____ (Name and Number, please attach brief description)

Estimated number of students in group: _____ (maximum number of students - 8 acute care unit and 6 - critical care unit)

Other Information:

Mail paperwork to:

CHW Schools of Nursing
9000 W. Wisconsin Avenue, MS C140
Milwaukee, WI 53226

Fax paperwork to:

Schools of Nursing
414-337-3596

Email to:

CHW Schools of Nursing
CHWSNPlacement@chw.org
Questions? Call 1-414-337-CALL (2255)