

Children's Hospital of Wisconsin, Inc. Nursing student placement request form for graduate students

DEADLINES for 1:1 precepted placement requests are as follows:

- **May 31st - Fall placements** (start date of 8/15 – 11/30) • **April 1st - Summer placement** (start date of 5/1-8/15)
- **November 1st - Spring placements** (start date of 12/1 – 5/1)

*Please note: For a preceptorship request, a separate Student Placement Request Form must be completed for each student)

Name of affiliated school: _____

Graduate program: PNP FNP CNS CNL Other: _____

Semester in program (i.e. 1st, 3rd, final): _____

Student Information – **Student resume** must accompany all graduate requests.

Name of student: _____

Student contact information: phone: _____ e-mail (official school): _____

Is this student an employee of CHHS? yes no

Student availability: _____

Requested practice/area of interest ([see APN listing on website for lists of practices](#))

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

Start and end date of requested preceptorship: _____

Course name and information (Please attach course description)

Course required hours: _____

Will there be any projects or research related to this experience: yes no

If yes, please describe and/or attach additional information: _____

Faculty

Coordinator Name: _____ phone: _____ email: _____

Course Faculty Name & credentials: _____ phone: _____ email: _____

Please provide any other pertinent information that may help us consider this student for placement:

Return this form and **student resume:**

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)