

Student Clinical Placement Request

Please submit one form for each instructor or student group to the Education Department.

Name of affiliated school: _____

Discipline (e.g. Nursing, PT, Speech, Pharmacy): _____

Clinical Instructor(s)

Name & Credentials: _____

Phone number: _____ Email: _____

Has the clinical instructor supervised clinicals at CMC in the past? Yes No

New instructors must submit paperwork and job shadow on the unit before supervising students in the clinical area.

Course Information: Please attach a brief description of the course, including learning objectives for the clinical experience

Name and Number of Course: _____

Program Semester: 1st 2nd 3rd 4th

Estimated Number of Students in Group: _____

Please follow the maximum number of students per clinical instructor as outlined by the Montana State Board of Nursing:

Clinical Request:

Unit/Area:

<input type="checkbox"/> Mom/Baby	<input type="checkbox"/> Labor & Delivery	<input type="checkbox"/> Lactation	<input type="checkbox"/> NICU
<input type="checkbox"/> Peds/PICU	<input type="checkbox"/> ICU/PCU	<input type="checkbox"/> Med/Surg	<input type="checkbox"/> OPES
<input type="checkbox"/> RNU	<input type="checkbox"/> OPS/OR/PACU	<input type="checkbox"/> Cancer Center	<input type="checkbox"/> APSI
<input type="checkbox"/> Endo	<input type="checkbox"/> Cath Lab	<input type="checkbox"/> ED	<input type="checkbox"/> Other

Start date for clinical experience: _____

End date for clinical experience: _____

Day(s) of the week for clinical experience: Su M T W TH F Sa

Actual start time on the unit: _____ Actual end time on the unit: _____

Total number of clinical hours requested for each student: _____

If request is approved, what is the best date and time for electronic medical record training: _____

Email Student Clinical Placement Request to tdutton@communitymed.org

Questions? Call Tammy Dutton (406) 327-4009

To Be Completed by CMC Student Clinical Placement Coordinator

Clinical Coordinator/Director: _____

I have approved this clinical placement request:

(Signature)

(Date)