Practicum Placement Request

NORTHSIDE HOSPITAL
CLINICAL EDUCATION

Welcome!

We're so excited to begin our partnership with you! To ensure we have the information we need to best serve you, please take a few moments to fill out the form below. If you have any questions, please feel free to contact us at any time by calling Student Hotline at 404-845-5577. Please email the completed form to ptcare.students@northside.com for review. Thank you!

Student Contact Information

DATE OF REQUEST

FULL LEGAL NAME

RN LICENSE #/ STATE

PHONE

EXT #

SUPERVISOR

EMAIL

SUPERVISOR PHONE

School Contact Information

SCHOOL NAME

FACULTY/COORDINATOR

CONTACT NAME

TITLE

EMAIL

PHONE NUMBER

Practicum Details

GRADUATION DATE

DEGREE TYPE

PRACTICUM DATES

PROGRAM SPECIALTY

HOW WERE YOU REFERRED TO NORTHSIDE?

PRECEPTOR NAME (if known)

IS THERE A PROJECT INVOLVED?

OF CLINICAL HOURS NEEDED

2/27/2024

Submit

Educate, Inspire and Grow!