



Student Placement Request Form

Instructions: Student must complete and submit this form to be considered for a placement opportunity at MedStar Health. Return to the corresponding MedStar entity coordinator once completed. If you are unsure who the entity coordinator is, you may reach out to academicpartnerships@medstar.net for further direction. All fields on pgs 1 and 2 are mandatory and must be complete prior to submission. Student must find own preceptor to be considered for placement.

Student First & Last Name:	Credentials (if any):	
School Email Address:	Phone Number:	Date of Birth:
College/University:	Student ID#:	MedStar ID# (if employed):
School Coordinator Name(s):	School Coordinator Email(s):	

Program:

Using the reference list on pg 2, enter your discipline and program type below. If your program is not listed, please type in your degree/program name.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Degree: <input type="radio"/> Program: | <ul style="list-style-type: none"> <input type="radio"/> Year in program: <li style="text-align: center;">1 2 3 4+ |
|---|---|

Rotation Entity:

- | | |
|--|--|
| <ul style="list-style-type: none"> MedStar Medical Group MedStar Washington Hospital Center MedStar Georgetown University Hospital MedStar National Rehabilitation Network/Hospital MedStar Southern Maryland Hospital Center MedStar St. Mary's Hospital MedStar Montgomery Medical Center | <ul style="list-style-type: none"> MedStar Good Samaritan Hospital MedStar Union Memorial Hospital MedStar Franklin Square Medical Center MedStar Harbor Hospital MedStar Home Health Care MedStar Corporate Other: |
|--|--|

Rotation Start Date: _____ **Rotation End Date:** _____

Total Rotation Hours: _____

Other rotation requirements: _____

Preceptor Full Name: _____

Do you have flexibility with your start and end dates?

Yes No

Scrub Size (if applicable): _____

Anticipated Graduation Date: _____



Please open in Adobe if you wish to electronically sign

Rotation Department:

Preceptor Signature: _____

Approving Leader Name (Manager of Preceptor):

Approving Leader Signature (Manager of Preceptor): _____

Is the student an employee of MedStar Health? If so, which entity?

Yes:

No

MWHC Only:

- Where should the student's badge be delivered?

Degree and Program List

Degree	Program(s)
Nursing (post-license)	<ul style="list-style-type: none"> • WOCN
MSN	<ul style="list-style-type: none"> • Education • Informatics • Leadership • Acute Care Nurse Practitioner (ACNP) • Adult-Gerontology Primary Care Nurse Practitioner (AGNP) • Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) • Acute Care Pediatric Nurse Practitioner (ACPNP) • Pediatric Nurse Practitioner (PNP) • Family Nurse Practitioner (FNP) • Neonatal Nurse Practitioner (NNP) • Psychiatric Nurse Practitioner (PMHNP) • Women's Health Nurse Practitioner (WHNP) • Certified Nurse Midwife (CNMW) • Certified Registered Nurse Anesthetist (CRNA) • Clinical Nurse Specialist (CNS)
DNP	<ul style="list-style-type: none"> • Non-Clinical DNP (Leadership, Informatics, Other, etc.) <i>Please describe in the "Program" field</i> • Acute Care Nurse Practitioner (ACNP) • Adult-Gerontology Primary Care Nurse Practitioner (AGNP) • Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) • Acute Care Pediatric Nurse Practitioner (ACPNP) • Pediatric Nurse Practitioner (PNP) • Family Nurse Practitioner (FNP) • Neonatal Nurse Practitioner (NNP) • Psychiatric Nurse Practitioner (PMHNP) • Women's Health Nurse Practitioner (WHNP) • Certified Nurse Midwife (CNMW) • Certified Registered Nurse Anesthetist (CRNA) • Clinical Nurse Specialist (CNS)
PhD	<ul style="list-style-type: none"> • PhD in Nursing • Other PhD
Physician Assistant	<ul style="list-style-type: none"> • Physician Assistant (PA)