

Baptist Health System Clinical Placement Request

Date: \_\_\_\_\_\_\_\_\_\_\_\_

To: Michelle Snow, RN

Nursing Education

Baptist Health System Hospital Clinical Group is being requested for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[michelle.snow@bhsala.com](mailto:michelle.snow@bhsala.com)

205-620-7225

School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Experience Level of students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of clinical hours: \_\_\_\_\_\_\_\_\_\_\_\_ Times of Clinical Rotations \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of students: \_\_\_\_\_\_\_\_\_\_

**Specific dates** of clinical rotations: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Unit requested: \_\_\_\_\_\_\_\_\_\_\_ off unit rotation request: \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(**DO NOT** arrange the rotations; this will be done by Michelle Snow, Educator, Baptist Health System)

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information (phone/e-mail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request: \*Approved\_\_\_\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_\_\_\_

\*\*Upon receipt of this confirmation, a list of student names and social security numbers will be required to grant access to the computer systems. Without this information, students will be unable to document or give medications. If this is a new instructor, please contact me so we can arrange their orientation.