**nurse Practitioner Student Application**

**Deaconess Illinois clinic & specialty clinic**

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| **Student Information** | | | | | | | | | | |
| Name |  | | | | | DOB |  | | Last 4 SSN |  |
| Address |  | | | City |  | State |  | | Zip Code |  |
| Student Email Address | |  | | | | Phone Number | |  | | |
| Emergency Contact Name | | |  | | | Phone Number | |  | | |

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| **School Information** | | | | | | |
| Current School Name | |  | | Graduation Date | | Date |
| Faculty/Clinical Contact Name: | | |  | Phone Number |  | |
| Email Address |  | | | | | |

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| **General Information** | | |
| Deaconess Employee Status | Current | No |
| Have you completed a clinical rotation with Deaconess IL before? | Yes | No |

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| **Rotation Information** | | | | | | | | | | | | |
| Semester for Current Application | | | Fall | | Spring | | Summer | | | Year | |  |
| *\*A NEW application is needed for each semester you request clinical rotations with Deaconess\** | | | | | | | | | | | | |
| Rotation/Specialty | | Preceptor  (if applicable) | | Circle Locations | | Begin | | End | Hours Needed | | Paperwork  Due | |
| 1 |  |  | | MARION  WEST FRANKFORT  MT. VERNON  WATERLOO  RED BUD | | Date | | Date |  | | Date | |
| 2 |  |  | | MARION  WEST FRANKFORT  MT. VERNON  WATERLOO  RED BUD | | Date | | Date |  | | Date | |
| 3 |  |  | | MARION  WEST FRANKFORT  MT. VERNON  WATERLOO  RED BUD | | Date | | Date |  | | Date | |
| *\*Academic Coordinator will confirm all placements with Preceptor and Practice Manager. If you do not have a preceptor, Academic Coordinator can assist with placement.\** | | | | | | | | | | | | |

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| **Additional Requirements** | | | | |
| Students must submit the following to [student.rotations@deaconess.com](mailto:student.rotations@deaconess.com) | | | | |
| 1. Completed Application 2. Letter of Introduction | | Will use myClinicalExchange for all other needed documentation and to submit formal rotation requests. | | |
| *Notification of rotation approval or denial will come from Academic Coordinator. If your rotation is approved, additional documents will be necessary to submit for credentialing. All documents must be completed and approved before any rotation may begin.* | | | | |
| Signature |  | | Date | Date |
| *By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.* | | | | |