



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.

Mandatory

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: <p style="text-align: center;">1 2 3 4+</p> |
|---|---|

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)