Corporate Department of Nursing Education

Request for Student Placement

Directions: One request per group/semester.

1. Date of request:
2. For semester: Year:
3. Penn Medicine entity for placement:
   □ Hospital of the University of Pennsylvania □ Penn Presbyterian Medical Center □ Pennsylvania Hospital
   □ Good Shepherd Penn Partners □ Penn Care at Home
4. Student profile:
   ______ Graduate (please indicate track: CNS, FNP, ANP, etc.)
   ______ BSN  ______ ADN (PPMC only)  ______ other
5. Program sending student/s (e.g. Villanova University): ____________________________
6. Level if undergraduate: _____ 1st year _____ 2nd year  _____ Junior
   ______ Senior ______ other
7. Number of prior semesters with patient contact ______
8. 1st clinical day ______________________________
   Last clinical day ______________________________
9. Orientation request date: ______________________________
10. Clinical day requested: _____ Mon  _____ Tues  _____ Wed
    _____ Thurs  _____ Fri  _____ Sat  _____ Sun (Weekend rotations not available at PAH)
11. Shift(s) requested: __________________
12. Unit(s) requested: __________________
13. Is this a precepted experience? ______
14. Clinical instructor name and e-mail address: __________________
15. Contact information for person submitting request

- Name: ______________________
- Best Telephone number: ______________ E-mail: ___
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16. # of students per rotation—limit 8 students
   (Note: limit 6 students for Psych rotation- available at PAH & PPMC): __________

17. If your choice were not available, would you consider evening/weekend rotation? (weekend rotations are not available at PAH)
   ___________________________________________________________________________

18. Has liability insurance certification been submitted? ______________

19. Please send/attach syllabus and/or objectives for rotation.

PLEASE NOTE: The school is required to submit proof of immunizations, PPD, criminal background check for each student and instructor. The statement that all
are current must be signed by the dean of graduate or undergraduate nursing. This documentation must be received by the Penn Medicine facility in order for
students and instructors to be cleared to have patient contact. This must be submitted 2 weeks prior to rotation start in order to ensure that students and
faculty are cleared and will not have their clinical experience interrupted while clearance is pending.

Please fax or email to the respective contact for which you are requesting.

- **Hospital of the University of Pennsylvania / CPUP**
  Cynthia Richardson, MSN, RN, BC
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- **Pennsylvania Hospital**
  David O'Brien, MSN, RN
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- **Penn Presbyterian Medical Center**
  Mary Ann Jones, MSN, RN, CRNP, CNS
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Office: 215-662-9087
Cell: 267-880-9085
Fax: 215-662-9179

- **Penn Care at Home & Hospice**
  Christine Bossone, MSN, RN
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Phone: 610-747-3400