

# Clinical Placement

## Student Request Form

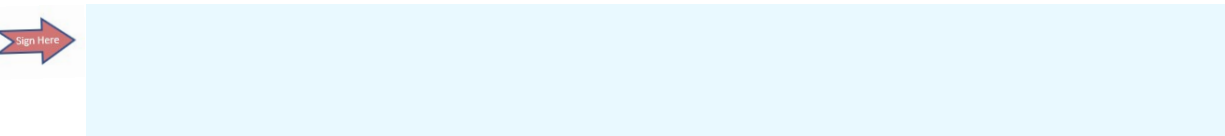
SECTION 1:

Please understand that this is an external student request and that MUSC APRN and PA students are placed first. This application will be reviewed to ensure that there is no conflict with MUSC APP student clinical needs and that there is ample space for students in our learning environments. **Be aware that a preceptor agreement and a submitted application does not guarantee placement.**

**Due to limited availability of preceptors for our own MUSC students (MD, NP, and PA), we are unable in most cases, to consider clinical requests in the core areas of family/internal medicine, primary care pediatrics, women’s health, general surgery, and/or mental health.**

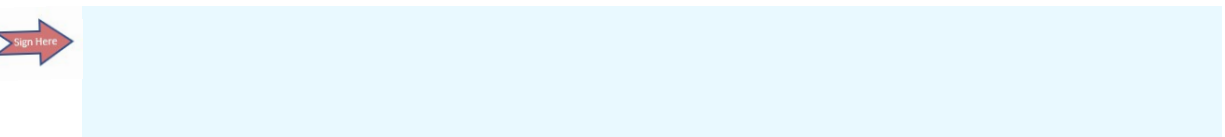
If your application was submitted greater than 60 days prior to your requested start date, please note that the confirmation process will not begin until your application is within 30-60 days of the start date. Once your application gains any necessary approvals, you will be contacted about the next step(s) for you. Should your request be approved, all external rotations are subject to cancellation (with notice).

PRECEPTOR SIGNATURE



DATE

STUDENT SIGNATURE

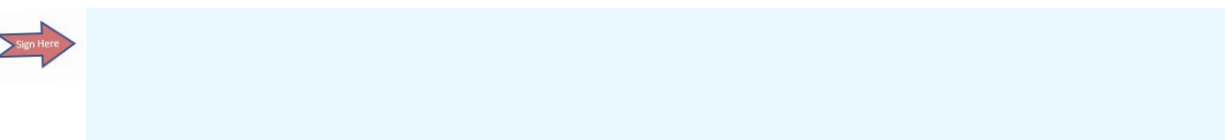


DATE

SECTION 2:

I as a preceptor attest that I am not precepting 2 external students during the same time frame.

PRECEPTOR SIGNATURE



DATE

SECTION 3:

Dear Preceptor,

Based on your ability to host an external APP student, we request your future availability to precept MUSC PA or NP students to consider your external student request. Many clinical areas are facing preceptor shortages and it is our academic mission to place MUSC students first. Please circle/ highlight at least one box (semester) that you can commit to as a preceptor. Closer to the commitment as per below, the MUSC NP or PA Program will reach out to coordinate student placement details.

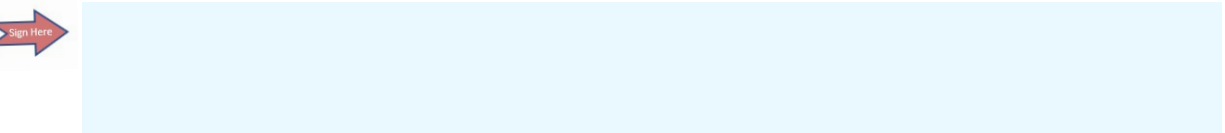
☐ August-December

☐ January-April

☐ May-July

☐ Check the box if you have precepted an MUSC CON NP or CHP PA student **within the last 6 months.**

PRECEPTOR SIGNATURE



DATE

Clinical Placement

Student Request Form

TRAINEE / LEARNER NAME

PRECEPTOR NAME

PRECEPTOR TITLE

DEPARTMENT NAME

DEPARTMENT NUMBER

ROTATION DATES

Hospital Location (City)

Select City:

PRECEPTOR SIGNATURE

By signing this form, I agree to precept this student during the exact rotation dates listed above.



DATE

DEPARTMENT ADMINISTRATOR / PRACTICE MANAGERSIGNATURE

By signing this form, I attest that I have reviewed the [COM Visiting and Health Professions Students policy](#) to ensure compliance and confirmed with the department’s medical student coordinator that no MUSC enrolled learners/trainees will be present in this environment at the same time as this visiting learner/trainee to help avoid crowded learning environments.



DATE