

Nurse Practitioner Clinical Placement Request Form

STUDENT INFORMATION	
Name	
Email	
Phone	
Semester Rotation Preference (Fall, Spring, Summer)	
Number of term hours needed	
Do you need med management and/or therapy hours? (If yes to either, please specify)	
Are you a current University of Cincinnati student?	
Are you a current Lindner Center of HOPE employee?	

UNIVERSITY INFORMATION	
University Name	
Expected Graduation Date	
Area of Interest	
Site Coordinator Name	
Site Coordinator Email	
Site Coordinator Phone Number	

NURSING LICENSE		
Active License State	Active License Number	License Expiration Date

CPR CERTIFICATION	
CPR Agency	
CPR Expiration Date	

CLINICAL REFERENCE	
Clinical Reference Name:	
Clinical Reference Email:	
Clinical Reference Phone Number:	

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PRACTICUM EXPERIENCE List all prior practicum experiences.			
Site Name/Location	Name of Preceptor	Dates	Hours

LEARNING GOALS List two learning goals for this requested practicum experience (a sentence or two).	
1.	
2.	

CAREER GOALS List one career goal (a sentence or two).	
1.	

NURSE PRACTITIONER CLINICAL PLACEMENT REQUEST FORM & A COPY OF YOUR MOST RECENT RESUME/CV MUST BE SENT TO NPStudents@LindnerCenter.org.