# Clinical Group Request Form

All group request forms must be submitted to [studentexperiences@aultman.com](mailto:studentexperiences@aultman.com) by the below deadline(s). Failure to submit a group request form by the deadline(s) listed below could result in a delay, or even denial, of the students’ experience.

**Fall Semester (August-December): Due by:** May 1

**Spring Semester (January-May):**  **Due By:** October 1

**Summer Semester (May-August):** **Due By:** March 15

## School Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School: |  |  | | |  | Date: |  |
|  |  |  | | |  |  |  |
| Coordinator: |  | | Email |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic Start Date: |  |  | Academic End Date: |  |

## Clinical Site Request

|  |  |
| --- | --- |
| Type of program  (RN/ LPN/ EMT/etc.) |  |
| Clinical Site Location Requested  (Aultman Hospital/ Aultman Orrville/ Aultman Woodlawn / etc.) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit/Department (one request per line) and Contact Individual** | **Time on Unit** | **Date Range on Unit** | **Days of Week** | **Number of Students** | **Name of Instructor** |
| *Example:*  *Emergency Dept.* | *9:00am-12:00pm* | *1/11/21-5/3/21* | *Monday & Wednesday* | *8* | *John Smith* |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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|  |  |  |  |  |  |

## Preceptorship Request

Number of preceptors requested, and the type of unit needed:

## Comments