Edward-Elmhurst Health Clinical Experience Request Form

for School Coordinators

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Semester: | | | |  | | | | | | | | | | | | | | | Year: | | |  | | |
| Student Coordinator Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | Phone: | | | |  | | |
| Course Title: | | | | | |  | | | | | | | | | | Student Level: | | | | | |  | | |
| Preferred Unit/Specialty: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Alternate Unit/Specialty: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Dates: | | |  | | | | | | | | | | | | Days of Week | | | | | | |  | | |
| Timeframe on Unit: | | | | | | | | |  | | | | | Total # of Weeks on Unit  (exclude holidays/days off) | | | | | | | | | |  |
| Number of Students | | | | | | | | |  | | | | | Faculty Name: | | | | | |  | | | | |
| All Adult inpatient units: maximum 6 students on unit, optional additional 2 students in off unit observation if available. | | | | | | | | | | | | | | | | | | | | | | | | |
| For Edward Hospital only, see below: | | | | | | | | | | | | | | | | | | | | | | | | |
| Pediatric unit: maximum 4 students – 3 will be on unit, 1 will go to Peds Outpatient. | | | | | | | | | | | | | | | | | | | | | | | | |
| Off Unit Observation Requests (if available): | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ASCC | | | |  | | Cardiac Rehab | | | | |  | Cath Lab | | |  | Endoscopy | | | |  | | Naperville ED | |

