

Clinical Placement Process for Visiting Students

Students requesting clinical or practicum training may apply for placement at one of our facilities. Availability is limited on each unit. Final approval of your request must be given by a preceptor and the department manager/director. Prior to applying for placement, read the instructions below to ensure your application will be completed correctly and ready for processing.

Eligibility

- School affiliation is required prior to submitting an application. The school and student must agree to follow all requirements outlined in the clinical contract.
- Student(s) must be enrolled in program of study to apply.

Placement

- Placement in the requested department/profession is not guaranteed.
- Clinical/practicum placement may be terminated or changed at any time due to unsatisfactory performance, failure to comply with rules and policies or at the request of the scheduled department.

Application Instructions

- Completed applications must be submitted during the period indicated on the Visiting Student Affairs website. Students seeking multiple rotations in the same semester should complete an application for each area being requested. Incomplete or late applications will not be processed.
- A completed application includes the following:
 - Application for Clinical Placement – completed by student and school official
 - Provide paragraph or supporting documents outlining all school requirements: length of required time, required evaluations, time verification, and competency/skill checklist

All applications will be forwarded to the appropriate preceptor for review. You will be notified by e-mail once an approval decision for your application has been made. If we can accommodate you, you will have five days to confirm your acceptance of the rotation.

Please return completed and signed applications to:

Carilion Clinic - Visiting Student Affairs
PO Box 13367, Roanoke, VA 24033-3742
Fax 540.983.1189



APPLICATION FOR CLINICAL PLACEMENT

Section I. To be completed by Student This application must be received by Carilion’s Visiting Student Affairs Office by the deadline indicated on the VSA website.

Name _____ [M] [F] _____ Email Address _____ Mobile Number _____
Address _____ Street, City, State, Zip Code _____ Last 4 digits of SSN _____ Birthday (MM/DD) _____ Home Phone _____
Emergency Contact _____ Relationship _____ Phone Number _____
School _____ Program of Study _____
Requested Area for Rotation _____ Start Date _____ End Date _____ Total Hours Needed _____

I understand that applications missing information or documentation will not be processed and arrangements may not be made solely with staff members or school.

Student Signature _____ Date (MM/DD/YY) _____

Section II. To be completed by school representative

I certify that the above student is currently in good standing at the institution and is approved to complete a clinical rotation for academic credit. Furthermore, I understand that by signing below, I am responsible for ensuring that this student applicant executes all of the requirements outlined in the Affiliation Agreement between our institution and Carilion Clinic.

Signature _____ Date ____/____/____ Phone _____
Name _____ Title _____ E-mail _____

Section III. To be completed by Carilion Designee or by email

___ Not Approved
___ Approved

Signature _____ Date _____ Rotation Dates: _____ Phone _____
Name _____ Title _____
Please Print

Medical care expenses incurred while at this institution will be the applicant’s responsibility. Those who have blood or body fluid exposures should follow the procedures described in Information System.

Mail or fax to Visiting Student Affairs, CRMH, PO Box 13367, Roanoke, VA 24033-3367
Fax (540) 983-1189 visitingstudentaffairs@carilionclinic.org