



Office Use: Completed Requirements <input type="checkbox"/> Current Contract on file _____ <input type="checkbox"/> Student Orient/Confidentiality signed <input type="checkbox"/> Medical Clearance signed <input type="checkbox"/> Statement of Responsibilities signed <input type="checkbox"/> Flu shot documentation (10/1-3/31) _____ <input type="checkbox"/> IT User Access <input type="checkbox"/> Electronic Signature <input type="checkbox"/> NA <input type="checkbox"/> Written Objectives Start Date _____ End date _____
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Clinical Student Experiences Application

Name (print) _____

Birth date: ___/___/___ Phone _____ Emergency Contact/ phone _____

Address: _____
 Street City State Zip

Email

(Required- Clearly indicate E-mail address, as this is our first point of contact with you)

School/Business _____ Program _____

Instructor _____ Email _____ Phone _____

Type of Program: ___ PN ___ ADN ___ BSN ___ MSN ___ ARNP ___ CNM ___ RT ___ Radiology ___ Pharmacy
 ___ PT ___ Other (please describe) _____

Department/Clinical Area requested: _____

Name of staff member already contacted (if applicable) _____

Dates/Times requested: (day) (time) _____ Approx total time needed (hrs) _____

Projected start date _____ Projected end date _____

(Must provide written objectives to the Education Office before clinical experience)

Requirements: NOTE: All necessary paperwork must be completed prior to beginning your Clinical Experience

- All participants must read the orientation material available online at:
<http://www.gchks.org/services/education/students/> , (Orientation/Confidentiality form; Statements of Responsibility, Medical Clearance, IT User Access form; Electronic Signature form, Written objectives)
- Flu Vaccine documentation must be on file prior to clinical experience (Oct 1-March 31).
- All remaining requirements for clinical experiences will be arranged through your instructor or GCH Education Coordinator.

Student signature _____

Date _____

***** PLEASE NOTE:** Receipt of this application does not convey acceptance of clinical opportunity. This process can take 2-3 weeks. Not all requests will be honored, and placement depends on space availability and schedules.

Please return this application to:
 Geary Community Hospital
 Education Department: Christine Jones
 1102 St. Mary's Rd
 Junction City, KS 66441

Or FAX application to: 785-210-3420 **Questions?** Please call (785) 210-3345