



Undergraduate Nursing Student Placement Request

Directions: Please place each request in the table below.

1. Date of request: _____

2. Penn Medicine entity for placement: (please select)

Hospital of the University of Pennsylvania Penn Presbyterian Medical Center Pennsylvania Hospital

Good Shepherd Penn Partners Penn Medicine at Home

3. Leadership Students:

- Yes
- No

4. Are additional clinical dates needed?

- Yes
- No

If "Yes", please indicate dates:

5. Clinical instructor name and contact information (if known):

Name: _____

E-mail: _____

Mobile Number: _____



**Penn
Medicine**

Department of Nursing Education

6. If your choices were not available, would you consider evening/weekend rotations?
 - Yes
 - No

7. Has the university liability insurance certification been submitted?
 - Yes
 - No



Important Details for Clinical Rotations

The university is required to submit proof of immunizations including influenza, PPD, criminal background check and child abuse clearances for each student and instructor. The statement that all are current must be signed by the dean of graduate or undergraduate nursing. This **documentation must be received by the Penn Medicine facility 4 weeks prior to rotation start in order for students and instructors to be cleared to have patient contact.**

As a result of the ongoing COVID 19 pandemic, clinical rotations may need to be interrupted to ensure safety for patients, staff and students.

Penn Medicine Entity Contacts

Good Shepherd Penn Partners

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