



NURSE PRACTITIONER STUDENT APPLICATION DEACONESS ILLINOIS CLINIC & SPECIALTY CLINIC

STUDENT INFORMATION			
Name		DOB	Last 4 SSN
Address	City	State	Zip Code
Student Email Address		Phone Number	
Emergency Contact Name		Phone Number	

SCHOOL INFORMATION	
Current School Name	Graduation Date Date
Faculty/Clinical Contact Name:	Phone Number
Email Address	

GENERAL INFORMATION	
Deaconess Employee Status	Current <input type="checkbox"/> No <input type="checkbox"/>
Have you completed a clinical rotation with Deaconess IL before?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ROTATION INFORMATION						
Semester for Current Application	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Year		
<i>*A NEW application is needed for each semester you request clinical rotations with Deaconess*</i>						
Rotation/Specialty	Preceptor (if applicable)	Circle Locations	Begin	End	Hours Needed	Paperwork Due
1		MARION WEST FRANKFORT MT. VERNON WATERLOO RED BUD	Date	Date		Date
2		MARION WEST FRANKFORT MT. VERNON WATERLOO RED BUD	Date	Date		Date
3		MARION WEST FRANKFORT MT. VERNON WATERLOO RED BUD	Date	Date		Date
<i>*Academic Coordinator will confirm all placements with Preceptor and Practice Manager. If you do not have a preceptor, Academic Coordinator can assist with placement.*</i>						

ADDITIONAL REQUIREMENTS	
Students must submit the following to student.rotations@deaconess.com	
1. Completed Application	Will use myClinicalExchange for all other needed documentation
2. Letter of Introduction	and to submit formal rotation requests.
<i>Notification of rotation approval or denial will come from Academic Coordinator. If your rotation is approved, additional documents will be necessary to submit for credentialing. All documents must be completed and approved before any rotation may begin.</i>	
Signature	Date Date
<i>By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.</i>	