



Student Placement Request Form

Placing Agency

| | | | |
|------------------|--|--------------|--|
| Agency/Dept: | | | |
| Placement Coord. | | Office Phone | |
| Email: | | | |
| Instructor: | | Office Phone | |
| Email: | | | |

Receiving Agency

| | | | |
|--|--|---------------|------------------------|
| Name: | Stevenson Memorial Hospital | | |
| Contact | Student Placement Office | Office Phone | 705-435-3377 ext. 3410 |
| Email: | studentplacement@smhosp.on.ca | | |
| Dest.Contact | | Office Phone: | |
| Email: | | | |
| Receiving Agency Information: | | | |
| <ul style="list-style-type: none"> Groups are 1st year BScN or PN students (nursing) Maximum of 6 students per group Accommodate 1 or 2 day/week group placements Preceptorship nursing students work 12 hour DDNN rotation Other disciplines accept 1 student at a time | | | |

Program/Course Information

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|-----------------|--|
| Program: | |
| Course: | |
| Placement Type: | <input type="checkbox"/> Preceptorship – 1 student <input type="checkbox"/> Group – Nursing students only. MAX 6 students |

Placement Request Information:

| | | | |
|--------------|--|-----------|--|
| Destination: | <input type="checkbox"/> Medicine <input type="checkbox"/> PeriOp <input type="checkbox"/> Office Admin Assist <input type="checkbox"/> OBS (preceptorship BScN students only) <input type="checkbox"/> ER (preceptorship BScN students only) <input type="checkbox"/> LAB <input type="checkbox"/> Pharmacy <input type="checkbox"/> D.I. <input type="checkbox"/> LAB <input type="checkbox"/> CT | | |
| Start Date: | | End Date: | |
| Total hours | | | |

****PLEASE EMAIL THIS FORM TO: studentplacement@smhosp.on.ca ****

COMPLETED BY RECIEVEING AGENCY

| | |
|-----------------|---------------|
| Accepted: | Not Accepted: |
| Preceptor Name: | Reason: |
| | |