**Request Form: 2020**



**Berkeley Medical Center (BMC) & Jefferson Medical Center (JMC)**

**Clinical Request Form:** Rotations/Externship/Observations

**Instructions: Use a separate form for each unit or observation requested.** Confirmation will be sent by email to requestor.

The following deadlines are for priority scheduling and coordination with other school requests. *After this time, requests will be reviewed in the order received*. No request is guaranteed, and approval must be received by the school prior to scheduling students.

* + - * **Fall Semester**: priority submission between March 15th and April 15th
* **Spring Semester:** priority submission between October 15th and November 15th
* **Summer Semester:** requests reviewed in order received

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| **Today’s Date:** |  |
| **Semester & Year:** |  |
| **Name of School & Program:** |  |
| **Requestor Contact Information:** | Name:  Email:  Phone: |
| **Instructor Contact Information:** | Name:  Email:  Phone: |
| **Indicate BMC or JMC** |  |
| **Unit or Department Requested** - please submit separate form for each |  |
| **Preferred Day/s of the week** |  |
| **Time or Shift** |  |
| **Indicate Observation, Rotation or Capstone**  \*for capstone requests, attach/send list of students and their desired units (3 max for each, listed in order of priority) |  |
| **Total Number of Students** |  |
| **If Group Rotation, # Students Per Group** |  |
| **Number of students returning, if applicable** |  |
| **List ALL Clinical Dates students will be at facility. If not yet known, list date range from start of presence on unit to finish.** |  |

*Completion of this form does NOT guarantee clinical placement.*

**Please email all requests to: JMC & BMC:** Blythe Burner -[blythe.burner@wvumedicine.org](mailto:blythe.burner@wvumedicine.org)

--Blythe R. Burner, BSN, RN--

Student Affiliation and Nurse Residency Coordinator

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