

Request Form: 2022-2023

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. <u>After this time, requests will be reviewed in the order received</u>. 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

| 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 quarantee clinical placement.

Please email all requests to: JMC & BMC: Allison Flynn – Allison.flynn@wvumedicine.org

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