



## Request Form

### 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 15<sup>th</sup> and April 15<sup>th</sup>
- **Spring Semester:** priority submission between October 15<sup>th</sup> and November 15<sup>th</sup>
- **Summer Semester:** requests reviewed in order received

<b>Today's Date:</b>	
<b>Semester &amp; Year:</b>	
<b>Name of School &amp; Program:</b>	
<b>Requestor Contact Information:</b>	Name: Email: Phone:
<b>Instructor Contact Information:</b>	Name: Email: Phone:
<b>Indicate BMC or JMC</b>	
<b>Unit or Department Requested</b> - please submit separate form for each	
<b>Preferred Day/s of the week</b>	
<b>Time or Shift</b>	
<b>Indicate Observation, Rotation or Capstone</b> *For capstone requests, please list number of students that need placement, how many hours needed, and requirements needed (degree, years of experience, etc.)*	
<b>Total Number of Students</b>	
<b>If Group Rotation, # Students Per Group</b>	
<b>Number of students returning, if applicable</b>	
<b>List ALL Clinical Dates students will be at facility. If not yet known, list date range from start of presence on unit to finish.</b>	

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

**Please email all requests to:**

**Allison L. Flynn MSN, RN Nurse Educator**

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