Edward-Elmhurst Health Clinical Experience Request Form

for School Coordinators

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| School: |  |
| Semester: |  | Year: |  |
| Student Coordinator Name: |  |
| Email: |  | Phone: |  |
| Course Title: |  | Student Level: |  |
| Preferred Unit/Specialty: |  |
| Alternate Unit/Specialty: |  |
| Dates: |  | Days of Week |  |
| Timeframe on Unit: |  | Total # of Weeks on Unit(exclude holidays/days off) |  |
| Number of Students |  | Faculty Name: |  |
| All Adult inpatient units: maximum 6 students on unit, optional additional 2 students in off unit observation if available. |
| For Edward Hospital only, see below: |
| Pediatric unit: maximum 4 students – 3 will be on unit, 1 will go to Peds Outpatient. |
| Off Unit Observation Requests (if available): |
|  | ASCC |  | Cardiac Rehab |  | Cath Lab |  | Endoscopy |  | Naperville ED |

