



Student Placement Request Form

Instructions: Student must complete and submit this form to be considered for a placement opportunity at MedStar Health. Return to the corresponding MedStar entity coordinator once completed. If you are unsure who the entity coordinator is, you may reach out to academicpartnerships@medstar.net for further direction. All fields on pgs 1 and 2 are mandatory and must be complete prior to submission. Student must find own preceptor to be considered for placement.

Student First & Last Name:	Credentials (if any):	
School Email Address:	Phone Number:	Date of Birth:
College/University:	Student ID#:	MedStar ID# (if employed):
School Placement Coordinator Name(s):	School Placement Coordinator Email(s):	
Course Professor Name(s):	Course Professor Email(s):	

Program:

Using the reference list on pg 2, enter your degree and program type below. If your program is not listed, please type in your degree/program name.

- ☐ Degree: _____
 ☐ Year in program: _____
☐ Program: _____
 1 2 3 4+

Rotation Entity:

MedStar Medical Group
 MedStar Washington Hospital Center
 MedStar Georgetown University Hospital
 MedStar National Rehabilitation Network/Hospital
 MedStar Southern Maryland Hospital Center
 MedStar St. Mary's Hospital
 MedStar Montgomery Medical Center

MedStar Good Samaritan Hospital
 MedStar Union Memorial Hospital
 MedStar Franklin Square Medical Center
 MedStar Harbor Hospital
 MedStar Home Health Care
 MedStar Corporate
 MedStar Health Urgent Care
 Other: _____

Rotation Start Date: _____ **Rotation End Date:** _____

Do you have flexibility with your start and end dates?

Yes

No

Total Rotation Hours: _____

Other rotation requirements: _____

Rotation Department: _____

Scrub Size (if applicable): _____

Anticipated Graduation Date: _____

Open in Adobe if you wish to electronically sign

Preceptor Full Name *please print legibly if handwritten:* _____

Preceptor Signature: _____

Preceptor Phone Number: _____

Approving Leader Name (Manager of Preceptor) *please print legibly if handwritten:*

Approving Leader Signature (Manager of Preceptor): _____

Is the student an employee of MedStar Health? If so, which entity?

Yes: _____

No

MWHC only: Where should the student's badge be delivered? _____

Degree and Program List

Degree

Program

Nursing (post-license)

RN to BSN
RN to MSN
WOCN

MSN

Education
Informatics
Leadership
Acute Care Nurse Practitioner (ACNP)
Adult-Gerontology Primary Care Nurse Practitioner (AGNP)
Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
Acute Care Pediatric Nurse Practitioner (ACPNP)
Pediatric Nurse Practitioner (PNP)
Family Nurse Practitioner (FNP)
Neonatal Nurse Practitioner (NNP)
Psychiatric Nurse Practitioner (PMHNP)
Women's Health Nurse Practitioner (WHNP)
Certified Nurse Midwife (CNMW)
Certified Registered Nurse Anesthetist (CRNA)
Clinical Nurse Specialist (CNS)

DNP

Non-Clinical DNP (Leadership, Informatics, Other, etc.) Please describe in the "Program" field
Acute Care Nurse Practitioner (ACNP)
Adult-Gerontology Primary Care Nurse Practitioner (AGNP)
Adult-Gerontology Acute Care Nurse Practitioner (AGACNP)
Acute Care Pediatric Nurse Practitioner (ACPNP)
Pediatric Nurse Practitioner (PNP)
Family Nurse Practitioner (FNP)
Neonatal Nurse Practitioner (NNP)
Psychiatric Nurse Practitioner (PMHNP)
Women's Health Nurse Practitioner (WHNP)
Certified Nurse Midwife (CNMW)
Certified Registered Nurse Anesthetist (CRNA)
Clinical Nurse Specialist (CNS)

PhD

PhD in Nursing
Other PhD

Master of Physician Assistant Studies

Physician Assistant (PA)