



## Student Placement Request Form

### Placing Agency

Agency/Dept:			
Placement Coordinator		Office Phone	
Email:			
Instructor:		Office Phone	
Email:			

### Receiving Agency

Name:	Stevenson Memorial Hospital		
Contact	Katelyn Breedon	Office Phone	705-435-3377 ext. 2310
Email:	k2breedon@smhosp.on.ca		
Dest. Contact		Office Phone:	
Email:			
Receiving Agency Information: <ul style="list-style-type: none"> <li>Groups are 1<sup>st</sup> year BScN or PN students (nursing)</li> <li>Maximum of 6 students per group (nursing)</li> <li>Accommodate 1 or 2 day/week group placements</li> <li>Preceptorship nursing students work 12 hour DDNN rotation</li> <li>Other disciplines accept 1 student at a time</li> </ul>			

### Program/Course Information

Program:	
Course:	
Placement Type:	<input type="checkbox"/> Nursing Preceptorship – 1 student <input type="checkbox"/> Group – Nursing students only. MAX 6 students <input type="checkbox"/> Non- Nursing (Please Specify): _____

### Placement Request Information:

Destination:	<input type="checkbox"/> Medicine/Surgical <input type="checkbox"/> Pharmacy technician <input type="checkbox"/> OBS (preceptorship BScN students only) <input type="checkbox"/> ER (preceptorship BScN students only) <input type="checkbox"/> Mental Health <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Other, (Please Specify) _____	
Start Date:		End Date:
Total hours		

**\*\*PLEASE EMAIL THIS FORM TO: [K2BREEDON@SMHOSP.ON.CA](mailto:k2breedon@smhosp.on.ca) \*\***

### COMPLETED BY RECIEVEING AGENCY

Accepted:	Not Accepted:
Preceptor Name:	Reason: