



Student Placement Request Form

Placing Agency

Agency/Dept:			
Placement Coord.		Office Phone	
Email:			
Instructor:		Office Phone	
Email:			

Receiving Agency

Name:	Stevenson Memorial Hospital		
Contact	Student Placement Office	Office Phone	705-435-3377 ext. 3410
Email:	studentplacement@smhosp.on.ca		
Dest.Contact		Office Phone:	
Email:			
Receiving Agency Information:			
<ul style="list-style-type: none"> Groups are 1st year BScN or PN students (nursing) Maximum of 6 students per group Accommodate 1 or 2 day/week group placements Preceptorship nursing students work 12 hour DDNN rotation Other disciplines accept 1 student at a time 			

Program/Course Information

Program:	
Course:	
Placement Type:	<input type="checkbox"/> Preceptorship – 1 student <input type="checkbox"/> Group – Nursing students only. MAX 6 students

Placement Request Information:

Destination:	<input type="checkbox"/> Medicine <input type="checkbox"/> PeriOp <input type="checkbox"/> Office Admin Assist <input type="checkbox"/> OBS (preceptorship BScN students only) <input type="checkbox"/> ER (preceptorship BScN students only) <input type="checkbox"/> LAB <input type="checkbox"/> Pharmacy <input type="checkbox"/> D.I. <input type="checkbox"/> LAB <input type="checkbox"/> CT		
Start Date:		End Date:	
Total hours			

****PLEASE EMAIL THIS FORM TO: studentplacement@smhosp.on.ca ****

COMPLETED BY RECIEVEING AGENCY

Accepted:	Not Accepted:
Preceptor Name:	Reason: