

Clinical Placement Process for Visiting Students

Students requesting clinical or practicum training may apply for placement at one of our facilities. Availability is limited on each unit/in each area. **Final approval of your request must be given by a VSA Representative.** Prior to applying for placement, read the instructions below to ensure your application will be completed correctly and ready for processing.

Eligibility

- School affiliation/contract is not required prior to submitting an application, but if approved for a Clinical Rotation, the school and student must agree to follow all requirements outlined in the clinical contract that VSA will make sure is in place before the rotation begins.
- Student(s) must be enrolled in program of study to apply.

Placement

- Placement in the requested department/profession is not guaranteed.
- Clinical/practicum placement may be terminated or changed at any time due to unsatisfactory performance, failure to comply with rules and policies or at the request of the scheduled department.

Application Instructions

- Completed applications must be submitted during the period indicated on the Visiting Student Affairs website. Students seeking multiple rotations in the same semester should complete an application for each area being requested. Incomplete or late applications will not be processed.
- A completed application includes the following:
 - The one page Application for Clinical Placement – completed by student and school official

All applications will be forwarded to the appropriate *potential* preceptor for review. You will be notified by e-mail once an approval decision for your application has been made. If we can accommodate you, you will have five days to confirm your acceptance of the rotation.

Please return completed and signed applications electronically to:

visitingstudentaffairs@carilionclinic.org



APPLICATION FOR CLINICAL PLACEMENT

Section I. To be completed by Student This application must be received by Carilion’s Visiting Student Affairs Office by the deadline indicated on the VSA website.

Name _____ M F _____
First Middle Last Email Address Mobile Number

Address _____
Street, City, State, Zip Code Last 4 digits of SSN Birthday (MM/DD) Home Phone

Emergency Contact _____ Relationship _____ Phone Number _____

School _____ Program of Study _____

Requested Area for Rotation _____ Start Date _____ End Date _____ Total Hours Needed _____

I understand that applications missing information or documentation will not be processed and arrangements may not be made solely with staff members or school.

Student Signature _____ Date (MM/DD/YY) _____

Section II. To be completed by school representative

I certify that the above student is currently in good standing at the institution and is approved to complete a clinical rotation for academic credit. Furthermore, I understand that by signing below, I am responsible for ensuring that this student applicant executes all of the requirements outlined in the Affiliation Agreement between our institution and Carilion Clinic.

Signature _____ Date ____/____/____ Phone _____
Name _____ Title _____ E-mail _____

Section III. To be completed by Carilion Designee or by email

___ Not Approved
___ Approved

Signature _____ Date _____ Rotation Dates: _____ Phone _____
Name _____ Title _____
Please Print

Medical care expenses incurred while at this institution will be the applicant’s responsibility. Those who have blood or body fluid exposures should follow the procedures described in Information System.

Mail or fax to Visiting Student Affairs, CRMH, PO Box 13367, Roanoke, VA 24033-3367
Fax (540) 983-1189 visitingstudentaffairs@carilionclinic.org