

GROUP REQUESTS

Please complete 1 request form per clinical unit desired and/or for each clinical day/group

Affiliate Name: _____ Date of Request: _____

Affiliation Point of Contact:

Name: _____ Phone#: _____

E-Mail: _____

Type of Health Trainee: _____

Other: _____

Year in School: _____

Desired Clinical Placement Location: _____

If other areas please designate: _____

Total number of Health Trainee's for this request: _____

Anticipated Health Trainee's clinical assignments/activities? (Attach course syllabus/requirements)

Dates for Rotation

Beginning: _____ **Ending:** _____

Days per week: **1st Choice:** _____

2nd Choice: _____

Hours per week: **1st Choice:** _____

2nd Choice: _____

School Holidays:

Assigned Instructor (s) for clinical student groups:

Name	Phone #	E-mail	VA Employee?	Unit Employed

Clinical Instructor/Affiliate P.O.C. understands that:

- All Clinical Instructors must be processed through ELRS and receive a VA Clinical Instructor Appointment letter prior to bringing Health Trainee’s into the facility.**
- Objectives and goals must be provided to every manager prior to rotation. Contact with the manager/supervisor of each rotation site should take place prior to rotations.**
- Health Trainee’s must be accompanied by an Affiliate Clinical Instructor during medication administration.**
- Health Trainee’s should not be left in a clinical area without the clinical instructor being present.**
- MCM 14-12 and MCM 14-5 has been read and reviewed and understand the requirements for overseeing documentation by Health Trainee in the electronic medical record.**
- The clinical instructor is directly responsible for the supervision of these Health Trainee’s.**
- If the clinical instructor is also employed by the VA they cannot instruct Health Trainee’s on their VA assigned unit.**

X

Affiliation Point of Contact

X

Clinical Instructor