



NORTHERN
REGIONAL HOSPITAL

**Placement Request for Advanced Practice Provider Students
with Northern Regional Hospital**

Thank you for choosing Northern Regional Hospital for your education needs.

*We ask that you submit your clinical placement request to the Student Program department at **least 10 weeks** prior to the anticipated start date, along with an updated resume and at least one letter of reference.*

Student's Name

Student's Address

Current Employee with NRH

Yes ___ No ___

Today's Date

School

Program

Program Director's Name & Email

Anticipated Date Range (Start to End)

Number of Hours Needed for Specific Clinical Rotation

Area of Hospital or Outpatient Clinic Needed

Once we review your placement request, we will contact you with the additional requirements.

If you have any questions, please contact the Student Program Department via email at studentprogram@wearenorthern.org.

Thank you,
Student Program Team