



**Placement Request for Shadow or Clinical Experiences 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 6 weeks prior to the anticipated start date.*

**Student's Name**

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**Student's Address**

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**Current Employee with NRH**

Yes \_\_\_ No \_\_\_

**Today's Date**

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**School**

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**Program**

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**Program Director's Name & Email**

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**Anticipated Date Range (Start to End)**

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**Number of Hours Needed**

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**Area of Hospital or Outpatient Clinic Needed**

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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](mailto:studentprogram@wearenorthern.org).**

Thank you,  
Student Program Team