



## Placement Request for Northern Regional Hospital

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

*We ask that you submit your placement request to the Student Program department at **least 6 weeks** prior to the anticipated start date. We will accept request up to 4 months prior, but not before then.*

**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