



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

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) – Must be specific to be approved.

Number of Hours Needed- Please list any specific program required hours you need.

Area of Hospital or Outpatient Clinic Needed – Please list any specific types of patient encounters you need.

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