

## N424 Clinical Placement Agreement and Expectations

To provide students with experiential opportunities in desired specialties, students will have the chance to apply for a specialty placement request for N424-*Practicum in Patient Care Management*.

For a specialty placement request to be considered, students are expected to complete a N424 Specialty Application. The N424 Specialty Application will include this document, a skills assessment, and a questionnaire form. If you would prefer to be placed in Med/Surg, you only need to complete the Clinical Preference Google Form.

### **Completed applications must be turned into box addressing the following criteria:**

- Application must be in PDF format, and combined in one document, portrait orientation
- Please order your documents as follows:
  1. Clinical Placement Agreement and Expectations
  2. Skills Assessment
  3. Questionnaire Form
- Name your document with the following conventions:  
"lastname\_firstinitial\_f26\_n424\_application"
- Email the completed packet to [5th\\_Sem.fxx30qo9gp0n15zs@u.box.com](mailto:5th_Sem.fxx30qo9gp0n15zs@u.box.com)
- Complete the Clinical Placement Preference Google Form

### **By submitting this application, I understand and agree to the following:**

- *Clinical specialty placements are limited.*
- *Not all students will be selected for a specialty. Students who are not selected will not be able to grieve the decision. No information will be provided regarding the selection decisions.*
- *Should you be accepted, we will do our best to consider your desired specialty, but no placement is guaranteed and is subject to availability.*
- *If you are placed in a specialty, this is your only specialty offer. You may not switch placements. You may not change placement requests after submitting your application.*
- *Students are strictly prohibited from setting up their own preceptorships or contacting hospital staff.*  
*\*You may decline a specialty placement, but you will be placed in Med/Surg and waive your opportunity to utilize the placement priority system.*

This document serves to formally acknowledge that the undersigned student acknowledges and agrees with the N424 placement policy outlined in this form. By signing below, the student confirms their awareness and acceptance of the above conditions related to N424 clinical placements.

Print Name

Signature

Date