



Mary Lanning Healthcare College Clinical Rotation Request

Mary Lanning Healthcare will allow qualified college students the opportunity to request a clinical experience with a hospital department. Students must be in good academic standing. Clinical experience is dependent upon availability.

Completed requests must be received three to six weeks prior to the desired start date.

Full legal name and date of birth required for all students requesting clinical experience at Mary Lanning Healthcare.

Name: _____
(Full legal name – first name, middle initial and last name)

Date of Birth: _____

Address: _____
City State Zip

Home Phone: _____ E-mail: _____

College: _____ Class Status: _____ Cumulative GPA: _____

Number of clinical hours you are seeking: _____ Dates requested: _____

Number of college credits completed: _____

Confidentiality Statement: I, _____ pledge to observe appropriate rules of conduct and maintain confidentiality before, during, and after my shadowing experience at Mary Lanning Healthcare (MLH). As a student considering a career as a health care professional, I understand the importance of confidentiality and will uphold the standards within the profession. In addition, I release the hospital of any liability while I am on hospital grounds and I verify that I have the following up to date immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; Hepatitis B; tetanus / diphtheria; COVID vaccine or signed declination form.

Note: MLH may require proof of vaccines if requested by Employee Health department.

Signature: _____ Date: _____

Emergency Contact Number(s): _____

Please return this form to: **Carol Hamik**, RN, BSN, MSN, CPN, CPST, LSSGB
Director of Nurse Recruitment and Clinical Outreach
Email: chamik@marylanning.org **Phone:** 402-460-5810