



Clinical Practicum Request Form

Requesting Student Information:

Name: _____

Phone Number: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

Current enrollment: (University, contact information of advisor)

Does your university state there is a contract or affiliation agreement in place with Gritman Medical Center?

Expected graduation date: _____

Requests are reviewed for applicability of learning objectives, provider availability and patient impacts. Area residents, GMC employees and students are examined for first priority placements. However, GMC is an Equal Opportunity Employer and embraces diversity. All students will be considered and assisted as is practical for patients, providers, the community and the Gritman Medical Center strategic plans.

Total Clinical hours needed: _____

Please list focus of practicums per date set: _____

Dates requested: _____

Alternate Dates: _____

Total requested from GMC or affiliated clinics: _____

Type of clinical hours and total per type needed (i.e. Peds, Women's Health, Family Practice Internal Medicine, Surgical Services, Hospitalist, Emergency, other. Please list by date range)

Be specific to amounts and types: _____

Have you talked to someone at GMC about this request already? Who and when? _____

Signature: _____ Date: _____

Provide a cover letter addressing your goals upon graduation, include geographical preferences for where you want to live upon graduation and the type of healthcare provider you want to become. Include service and volunteer activities and an Academic Resume with places of employment, home base residence, certification or licenses.

Send to:

Upon completion, please mail back to meshid@gritman.org and copy your advisor