**Blessing Health System Clinical Practicums Request**

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| ***Student Information***  | **Name:** Click to enter your name.**Phone:** Click to enter your phone number. |
| **Email:** Click to enter your email address. |
| **Practicum Focus:** [ ] Family Practice [ ] Pediatric: Primary [ ] Psych-Mental Health[ ] Women's Health [ ] Adult-Gero: Acute [ ] Adult-Gero: Primary**Top 3 Provider Choices:**  Click to enter choice #1 *(if applicable)* Click to enter choice #2 Click to enter choice #3 |

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| --- | --- | --- | --- | --- | --- | --- |
| ***Anticipated Student Schedule at Practice Site*** | **January** | **February** | **March** | **April** | **May** | **June** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 1/1/2019 to 1/19/2019 | Click to enter a date. to Click to enter a date. | Click to enter a date. to Click to enter a date. | Click to enter a date. to Click to enter a date. | Click to enter a date. to Click to enter a date. | Click to enter a date. to Click to enter a date. |
| **July** | **August**  | **September** | **October** | **November** | **December** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Click to enter a date. - Click to enter a date. | Click to enter a date. - Click to enter a date. | Click to enter a date. - Click to enter a date. | Click to enter a date. - Click to enter a date. | Click to enter a date. - Click to enter a date. | Click to enter a date. - Click to enter a date. |
| **Additional Scheduled Events and Activities** |
| Click to enter events and schedules. Multiple lines enabled. |