**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. | | | | | | | |