

PLACEMENT REQUEST FORM

For submission manually by non-HSPnet Placing Agencies

Date

Placing Agency Information

= Mandatory field

Placing Agency Name Department

Educational Program Name Program Duration (Years)

Website Link to Program Information
 (if available)

Course Name/No. Program Year of Course (e.g. 4th yr)

Placement Type (e.g. preceptor/
 group/project) Number of Students (instructor-led groups)

Placement Coordinator / Instructor Information

Last Name First Name

Phone Fax

Email

Instructor Information

Last Name First Name

Phone Fax

Email

Student Information - do NOT include unless student consent is attached - see below

Student Last Name First Name

*Student consent MUST be obtained prior to releasing this information
 Consent form and Student Handout are attached to this form*

Student Consent Attached

Placement Request Information

Receiving Agency Agency Site

Service Unit/Prog

Unit/Prog. Details

Placement Start Date End Date

Start Time End Time Days M T W Th F S Sun

Shifts x Hours = (total duration of placement in hours)

Comments