

Placement Preference Form - NURS 5130 MN Practice Experience

Student Name:		Student ID #:	
Address:		Phone:	
U of L Email:		Alternate Phone:	

The purpose of this form is to help the Practice Courses Coordinator facilitate your placement. The deadline for form submission is January 15th, 2016. This deadline is necessary to ensure adequate time to secure placement and address required administrative protocol. Please send completed form to Tracy Oosterbroek at tracy.oosterbroek@uleth.ca by January 15, 2016.

Dates for NURS 5130 are **May 4 to June 15, 2016**. The practice experience is 48 hours in length and must be completed on a **continuous full time basis**. The student is supervised by someone from the agency for the practice experience. **The student must have a valid RN license in good standing for the jurisdiction where the practice hours occur.**

IMPORTANT: Students cannot be paid for fieldwork as employment. Students seeking placement in a practice site where they are employed should identify the practice area where they are employed and wish to do the placement as well as a description of how the practice placement activities would be distinct from their employment duties or mandate. _____

Please choose either Option 1 or 2 below and complete the accompanying information as requested. **You are encouraged to explore a practice placement at a site/agency of interest/known to you.** When you are exploring possible sites, let them know you are doing a *preliminary search* for a practice opportunity and that the University of Lethbridge, Faculty of Health Sciences Practice Courses Placement Coordinator will be in touch to determine suitability and address administrative details on your behalf. The purpose of you doing the exploration is to determine if a site has staff available to supervise a student and whether there are suitable experiences for student learning. However, this step does not necessarily ensure your placement will occur at this site.

1. I am requesting a practice experience in Alberta (If yes, check the box to the left.)			
My city/town/geographical area preference is:			
My area of practice preference is:			
My rationale for choosing both city/town/geographical location and practice area:			
Please note: You are encouraged to explore practice/placement at a site agency of interest/known to you. Please provide the information below about the person you had contact with as part of this preliminary search for a practice opportunity.			
Name of Site/Facility:		Facility Main Phone Number:	
Address:			
Contact person at site:		Phone:	Email:
2. I am requesting a practice experience outside Alberta (if yes, check box to the left.)			
My city/town/geographical area preference is:			
My area of practice preference is:			
My rationale for choosing practice area:			
Please note: You are encouraged to explore practice/placement at a site agency of interest/known to you. Please provide the information below about the person you had contact with as part of this preliminary search for a practice opportunity.			
Name of Site/Facility:		Facility Main Phone Number:	
Address:			
Contact person at site:		Phone:	Email:

Student Signature
(Rev. Aug 31 2016)

Date