



PREFERENCE FORM

NURS 4922 Final Preceptorship **Term / Year:** _____

Contact Information:

Legal Name: _____ Phone Number: _____

Address: _____ UL Email: _____

Please indicate site/facility/unit # if employed as an Undergrad Nurse or N/A if not applicable: _____

INSTRUCTIONS READ CAREFULLY!!!!

Indicate four preferences for an **AREA OF NURSING** as per the bold headings in order of desirability by numbering them as 1, 2, 3, and 4 in the **bolded box**. These preferences will determine where you are placed.

- Check all sites/units in your area of nursing preference category that are of interest to you. For Example, if the Family Health category is your first preference and you are interested in Mat/Ch and Peds, put a “1” in the bolded box beside Family Health and put an “X” in both the Maternal/Child and Pediatrics boxes. The more sites/units you pick, the more likely it is you will be placed in one of your preference areas. You can number your preferences within a category if desired.
- Specialty sites are identified as such in *italic with an asterisk** and require program approval and completion of an application process and supporting documentation before being considered.
- **If you plan to go out-of-region, turn to next page and complete first.** Out-of-region requests also require program approval and completion of an application process and supporting documentation.

<input type="checkbox"/>	CRH Medicine and Surgery	<input type="checkbox"/>	Family Health	<input type="checkbox"/>	Critical Care
	Medicine (4B, 4C)		Maternal/Child		<i>*Specialty: CRH ER</i>
	Surgery/Day Surgery (4A, 3A, 3L)		Pediatrics		<i>*Specialty: CRH ICU</i>
	Med/Surg Unit (3B)		<i>*Specialty: L&D</i>		<i>*Specialty: CRH NICU</i>
	<i>*Specialty: Operating Room/ Recovery</i>				<i>*Specialty: Taber ER</i>
		<input type="checkbox"/>	CRH Ambulatory Care		
<input type="checkbox"/>	Seniors Care		<i>*Specialty: Diagnostic Imaging</i>		
	CRH GARU (Ger Assess&Rehab Unit)			<input type="checkbox"/>	Clinics
	CRH Sub-Acute (5B)				Chinook Primary Care Network Clinic
	SMHC LTC	<input type="checkbox"/>	Public Health		Lethbridge College Wellness Services
	<i>*SMHC Palliative Care</i>		Crowsnest Pass		Leth Correctional Ctr Health Services
			Pincher Creek		<i>*Specialty: Jack Ady Cancer Centre</i>
<input type="checkbox"/>	Home Care		Fort Macleod		
	Crowsnest Pass		Vauxhall	<input type="checkbox"/>	Rural Acute
	Pincher Creek		Taber		Crowsnest Pass
	Fort Macleod		Coaldale		Pincher Creek
	Taber		Cardston		Taber
	Cardston		Raymond		Cardston
	Raymond/Magrath		Milk River		Claresholm
	Milk River/Warner		Picture Butte		Raymond
	Lethbridge		Lethbridge		Milk River – ER/LTC combo
	Lethbridge/Coaldale		Lethbridge - Sexual Health (not available in summer)		**Note: some rural ER shifts may be possible in rural settings if preceptor determines it appropriate
<input type="checkbox"/>	Mental Health & Addictions				
	CRH Psychiatry	<input type="checkbox"/>	First Nations	<input type="checkbox"/>	Other
	CRH Detox		Brocket Public Health		If an area of nursing you are interested in is not on this form, identify it below:
	CCMHA		Brocket Home Care		
			Standoff Public Health		
			Standoff Home Care		

******IMPORTANT: Please read and initial the bottom three boxes on this page even if staying in-region******

Out-of-Region (OOR) Placements

	<p>“Out-of-Region” requests MUST be selection #1. Put a “1” in the box to the left if you are interested in having an OOR request pursued. If you choose OOR as a preference, you must also complete preference selections 2 through 4 in-region in the event that an OOR placement cannot be secured.</p>
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Instructions:

- Identify the province, city/town, and site/facility of your preference.
- If you do not have a “site/facility” preference, indicate “Any”.
- Rank the areas of nursing in the chart below by placing a number in the **red bolded box**, identifying a **minimum of three Areas of Nursing**. Identification of specific units to request is not permitted.
- Due to high unit acuity, preceptor burnout, and limited faculty support, the following areas of nursing present unique challenges for OOR BN preceptorships in large urban centres (e.g. Calgary, Edmonton): ICU, CCU, NICU, ER, L&D. If this is your area of interest, please indicate these specialty preferences under “Other”; however, remain mindful of the unique challenges identified.
- Some Calgary and Edmonton OR options may be considered. Please identify in “Other” if interested.
- **If you identify a site/facility/area as a preference and your request is declined, a placement within your preferred areas of nursing and/or a general med/surg placement at an alternate site will be requested in your designated city/town.**

Indicate your OOR preferences (minimum of 3 Areas of Nursing) in the table below.

Province	City/Town	Site/Facility	Area of Nursing	
				Adult Medicine
				Adult Surgery
				Sub-Acute/Transitional Care
				Peds
				Maternal/Child
				Mental Health
				Rural Acute
				Home Care
				Public Health
				Long Term Care
				Other (please specify)
<p>Indicate “yes or no” in the box to the left. I am willing to accept a placement within an hour radius of my specified city if my initial request is declined. <u>If yes, please specify below the town(s) within the radius that you are willing to accept.</u></p>				

IMPORTANT: THESE BOXES PERTAIN TO ALL STUDENTS

Read and initial the boxes below:

	I acknowledge that I have NOT requested a placement preference on a unit/site where I am employed, nor have immediate family (i.e. parent, sibling, child, grandparent) employed.
	I understand that it is important to consider my preferences carefully as my clinical placements will be, whenever possible, based on this information. I am also aware that changes will only be considered in extenuating circumstances, and as approved by the Practice Course Coordinator.
	I am interested in being considered for a UNE (paid) position if one becomes available within my identified preferences. I give the program permission to release my contact information to AHS for hiring purposes.