



REQUEST FOR INDEPENDENT STUDENT PRACTICUM and CLINICAL INFORMATION REQUEST (JHED ID) In the Department of Nursing
(Undergraduate, Masters, Doctoral)

STUDENT INFORMATION:

Name of student: _____ Student ID#: _____
Date of Birth _____ (JHED ID, if known) _____

Student phone #: _____ Student email address: _____

Name of school: _____

CLINICAL INFORMATION:

Check one: Undergraduate Masters Doctoral Other (specify): _____

Clinical Area/Specialty/Department: _____

Name of preceptor: _____ (Required for masters, doctoral students only)

Dates of experience: _____ Total # of hours of experience: _____

SCHOOL FACULTY INFORMATION:

Name and title of school faculty: _____ Faculty work phone #: _____

Faculty e-mail address: _____

One (1) week prior to beginning the experience, students are required to submit the following:

1. This request form - completed.
2. Copy of student's professional liability insurance, if the school has not submitted evidence of group coverage
3. Copy of current TB status; evidence of hepatitis B vaccination or submission of declination form; evidence of MMR vaccination; demonstration of varicella immunization/vaccination; proof of Tdap vaccine
4. Proof of bloodborne pathogen safety training
5. Proof of HIPAA training
6. Proof of Influenza Vaccine
7. Criminal background check
8. Typewritten copy of student objectives for the experience
9. Copy of RN license for State of Maryland (Required for graduate/doctoral students only; Out-of-state license accepted if student will perform no direct patient care activities.)
10. Completion of Medication Administration training modules (instructions online) (pre-licensure/undergraduate only)

****If you are a JHH employee, you do not need to submit the information listed in the gray box, just this completed form and proof of liability insurance from the school.***

Submit this form and submit all required documentation to:

JHH Nursing Student Clinical Placements Team- jhh-nursingstudent@jh.edu