

PLEASE SUBMIT THIS FORM 6-8 WEEKS BEFORE YOUR DESIRED START DATE



**STUDENT PLACEMENT PROGRAM
GREATER SOUTHERN ALAMEDA AREA**

Student Placement Request & Information Sheet – Greater Southern Alameda Area

Please type or print with blue or black ink and return by fax or email along with resume'

SCHOOL INFORMATION

SCHOOL NAME: _____

DESIGNATED REPRESENTATIVE: _____

PHONE CONTACT: _____

EMAIL CONTACT: _____

STUDENT INFORMATION

LEGAL NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

PHONE CONTACT: _____ ALT. PHONE: _____

EMAIL CONTACT: _____

CLINICAL ROTATION INFORMATION

TYPE OF STUDENT: MA Student PA Student NP Student Physical Therapy Other
 Pharmacist Phlebotomy Respiratory Therapy Surgical Tech Sterile Processing

SPECIFY IF OTHER IS CHECKED: _____

PREFERRED LOCATION: Fremont Hayward Union City San Leandro

PROSPECTIVE START DATE: ____/____/____ PROSPECTIVE END DATE: ____/____/____

TOTAL NUMBER OF CLINICAL HOURS REQUIRED: _____

SCHEDULING LIMITATIONS AND AVAILABILITY: _____

INFORMATION BELOW IS REQUIRED FOR STUDENT NUID & KP LEARN ACCESS

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: ____/____/____

HAS STUDENT EVER BEEN EMPLOYED BY KAISER: YES NO

HAS STUDENT HAD A PREVIOUS KAISER CLINICAL EXPERIENCE: YES NO

STUDENT HAS SUCCESSFULLY COMPLETED HEALTH CONNECT TRAINING: YES NO

STUDENT HAS SIGNED NON-DISCLOSURE AGREEMENT: YES NO

Signature

Print Legal Name

Date

***I certify that I have validated the accuracy of the information being provided**

DATE RCVD: _____ REQUEST SENT: _____ 2nd: _____

APPROVED: _____ DENIED: _____ SCHOOL NOTIFIED: _____

MGR: _____ PHONE: _____ DEPT: _____

In-Patient Nursing Placement - FAX: 510-675-5535
Outpatient Clinic Placement - FAX: 510-675-6673

Phone: (510) 675-5530
Phone: (510) 675-6844