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Preceptor/Internship Application

Preceptor/Internship (Externship) Applying for:

MA LPN ADN BSN NP PA

Other (please list): _____

Anticipated Degree: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

School Name: _____

School Address: _____

School Phone Number: _____

Are you requesting that your college grant you credit hours for your preceptor/internship?

Yes No

Dates of preceptorship/internship: _____

Hours needed to complete preceptorship/internship _____

Expected date of graduation: _____

What is your work experience in a healthcare setting? _____

Describe the activities you performed _____

Instructor or Placement Advisor Contact Information:

Name: _____

Phone Number: _____

E-mail: _____

Reference:

Name: _____ Phone Number: _____

Company/School: _____

Relationship: _____ Known how long: _____

What is your interest in SCRMC? _____

Items Required for Preceptorship/Internship

1. Background check (WI and MN)
2. Immunization information (Requirements attach)
3. Proof of insurance liability coverage
4. School Contract on File

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me for placement or may result in my dismissal.

Signature: _____ Date: _____

**Please turn completed paperwork in to the SCRMC Education Department at 235 State Street, St. Croix Falls, WI 54024 or e-mail them to katie.worrell@scrmc.org.