

HPS PLACEMENT FORM

Health Professions Students

Name: _____

Rotation Course # (ex. MED 486; NURS 471): _____

Discipline: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Medicine, Allopathic | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Clinical Laboratory Sciences | <input type="checkbox"/> Medicine, Osteopathic | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Medicine, Preventive | <input type="checkbox"/> Technicians and Technologists |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Dental Assistants | <input type="checkbox"/> Nurse, Anesthetist | <input type="checkbox"/> Other Advanced Practice Nurse |
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Nurse, Midwife | <input type="checkbox"/> Other Allied Health |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Nurse, Practitioner | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food and Nutrition Services | <input type="checkbox"/> Nursing, Undergraduate | _____ |
| <input type="checkbox"/> Health Administration | <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Health Information | <input type="checkbox"/> Physician Assistant | |
| | <input type="checkbox"/> Public Health | |

Placement Start Date: _____ Placement End Date: _____

Clinical Site: _____

Clinical Site Address: _____

Academic Program (ex. MUSC Health Administration, MUSC Nursing, MUSC PA, etc):

Year in Program: _____ Expected Graduation Date: _____

Marital Status: Single Married

Office Use Only:

Coordinator: _____

SCRIPT?

ISLPP?

Needs Housing? (circle one) Yes No

Housing Assignment: _____

Housing Begin Date: _____ Housing End Date: _

Services Provided:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Academic Support | <input type="checkbox"/> Packet |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Orientation Completed | <input type="checkbox"/> Other Services: |

Number of Coordinator-Student Contacts: _____

Funding Sources:

Comments: