

Out of Region or Specialty Area Practice Placement Application

Legal Name: _____ E-mail: _____@uleth.ca

U of L I.D.#: _____

Please ensure the following is the best contact information over the next six weeks

Mailing Address: _____

Telephone: _____

Practice Placement Request (agency and geographic location):

Read and initial the box below:

	In order to provide evidence in support of my placement request, I consent to previous practice instructors being contacted as references on my behalf.
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Do you have Health Care Experience in the setting you have requested? Please explain your experience. If no, how do you see yourself in this position?

Indicate with an "X" Yes: No:

Learning Goals for the Practice Placement:

Rationale (reasons for seeking practice placement ex. from there, relocating, interest/attachment):

Signature: _____

Date: _____