

**Graduate Student
Clinical Internship Application**

Student

Name: _____ Phone _____

Email: __ (school) _____ (personal) _____

Are you a current Erlanger employee? YES ___ NO ___

If yes, what department? _____

Have you ever been employed by Erlanger Health System? YES ___ NO ___

If yes, when? _____ What department? _____

Academic Institution

Institution Name: _____

Program you are enrolled in: _____

Academic Contact Name and Title: _____

Email: _____ Phone: _____

Clinical Request

Rotation Type (Specialty): _____

Total hours: _____ Start Date: _____ End Date: _____

Have you contacted anyone at Erlanger regarding serving as your preceptor? _____

If yes: Potential Preceptor Name: _____ Dept: _____

Potential Preceptor Name: _____ Dept: _____

Potential Preceptor Name: _____ Dept: _____

Will you need access to patient electronic medical records? YES ___ NO ___

Submit completed application to Erlanger Clinical Placement Coordinator:

Email: clinical@erlangers.org

Subject: Grad Clinical Placement – Your Name