

Check One: ☐ Medical Student ☐ Nursing Student ☐ Allied Health Student ☐ Advanced Practice Provider Student

Please electronically complete all required fields.

Name: \_\_\_\_\_  
First Last MI

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN\*: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact's Phone Number(s): \_\_\_\_\_

Citizenship: \_\_\_\_\_ \*Last 4 of SSN is required of all students.

College/University: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
(MM/YYYY)

Clinical Department: \_\_\_\_\_ Preceptor's Name: \_\_\_\_\_

Dates of Rotation: Start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx. Number of Hours: \_\_\_\_\_  
MM DD YY MM DD YY (Allied Health, APP, & Nursing Students Only)

Location(s) of Clinical Rotation:

Ochsner Medical Center (Main Campus)  
 Ochsner Medical Center - Kenner  
 Ochsner Medical Center - Baton Rouge  
 Ochsner Medical Center - West Bank  
 Ochsner Medical Center - Hancock  
 Ochsner Health Center (Clinics):

Ochsner Medical Center - Northshore  
 Ochsner Baptist Medical Center  
 Ochsner Hospital for Orthopedics & Sports Med.  
 Ochsner St. Anne General Hospital  
 Ochsner St. Mary – Morgan City

(Select Clinic From Drop Down List)

This section to be completed by nursing students only:

Check One: ☐ PN ☐ ADN ☐ BSN ☐ APRN ☐ MSN/MN ☐ DNP/PhD Rotation Type: ☐ Group ☐ Preceptorship

Instructor's Name: \_\_\_\_\_ Instructor's Phone Number: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_ Preceptor's Phone Number: \_\_\_\_\_