

# Student Clinical Nursing Specialist (CNS) Clinical/Leadership Request Form

## Acknowledgements

- This form is **ONLY** for students seeking clinical or leadership hours with an Allina Health CNS.
- When possible, students will be matched with a CNS that meets their preferences.
- There are no guarantees of placement or preferences.

## Process

- Students or School Representative/ Coordinators will complete this form.
- Submit this form to [AllinaAcademics@Allina.com](mailto:AllinaAcademics@Allina.com).
- The School Representative must submit a formal request in [SL-StudentPassport \(clinicalcoordination.org\)](http://SL-StudentPassport.clinicalcoordination.org) for a clinical placements with a Clinical Nurse Specialist. This application does not cover student project requests. See [Student preparation \(allinahealth.org\)](http://Studentpreparation.allinahealth.org).
- School Representative will be notified via TCCP/Student Passport, if Allina Health can fulfill their clinical request or not.
- When placements are approved, onboarding is required: [Student preparation \(allinahealth.org\)](http://Studentpreparation.allinahealth.org).
- Submission deadlines are **Spring: October 1<sup>st</sup>, Summer: March 1<sup>st</sup>, Fall: June 1<sup>st</sup>**

<b>Student Name:</b>	<b>School Clinical Placement Coordinator:</b>	<b>School:</b>	
<b>Program Faculty:</b>	<b>Semester: Dates:</b>	<b>Total Hours requested:</b>	
		Specify Type of experience and hours needed:	
		<b>Prescriptive</b>	<input type="checkbox"/> <b>Yes</b> <b>Hrs:</b>
		<b>Clinical: Diagnostic/ Therapeutic</b>	<input type="checkbox"/> <b>Yes</b> <b>Hrs:</b>
		<b>Leadership</b>	<input type="checkbox"/> <b>Yes</b> <b>Hrs:</b>
<b>Are you an Allina Health Employee?</b>	<b>What is your nursing clinical background?</b> (cardiac, critical care, etc.)		
<b>Please list the competencies/assignments that need to be met during this clinical rotation</b>			
<b>Describe previous rotations</b> (location, specialty, etc.)			
<b>Where are you <b>NOT</b> willing to travel to?</b>	<input type="checkbox"/> Minneapolis <input type="checkbox"/> St. Paul <input type="checkbox"/> North metro <input type="checkbox"/> East Metro <input type="checkbox"/> West Metro <input type="checkbox"/> South Metro <input type="checkbox"/> Greater Metro Area > 30 mi radius <input type="checkbox"/> No limitations		
<b>Preferences</b> (Not guaranteed)	<b>Site</b> (Abbott, United, Mercy/Unity etc.): <b>Level of Care</b> (Acute, Rehab, Ambulatory): <b>Specialty</b> (Oncology, Cardiac, Diabetes): <b>Individual CNS:</b> _____ (If known, do not try to find one independent of this application.) <input type="checkbox"/> No Preference		