



UA/UAB Preceptorship Student Request Form

Name : _____ Phone: (____) _____
 First Middle Last

Address: _____

City/State: _____ Zip: _____

Your email address: _____

Date of Birth: _____ SSN: _____

School/College: _____

Major: _____ Level Of Student: _____

Faculty Member Name at the School: _____

Faculty Member email address: _____

Faculty Phone #: _____ Faculty Emerg Ph #: _____

Date Rotation Begins: _____ Date Ends: _____

Qualifications required for Preceptor we need to assign: _____

Total Days/Hours Required For Course (Include Specific Days Of Week, if Applicable):

Area Requested: _____ Hours/Shift Requested: _____

Second Choice: _____ Shift: _____

Third Choice: _____ Shift: _____

Other Learning Experiences Requested: _____

Attach the following to this Request:

- Clinical Experience Objectives
- Evidence of CPR certification *
- Exhibit A & B forms
- Exhibit C- Background Information Sheet & Authorization Form (If Brookwood is to do the screen) *
- Phys Exam, TB test *
- Rubella & measles immunity, drug screen *
- Complete Tenet HIPAA training at the site below:
<http://www.tenethealth.com/about/pages/InformationPrivacySecurityandHIPAATraining.aspx>. Print certificate of completion and give to instructor to keep on file at school.
* School can submit letter that these documents are on file.

Send Completed Forms and Attachments To:

Julie Smith, RN, MSN
Director Education
Brookwood Medical Center
2010 Brookwood Medical Center Drive
Education Dept.
Birmingham, Alabama 35209
Ph: 205-877-2028 Fax: 205-877-1265
julie.smith@tenethealth.com

TO BE COMPLETED BY COORDINATOR
Area assigned: _____
Preceptor: _____