**Mayo Clinic School of Health Sciences  
Nurse Practitioner Clinical Request Form**

***Affiliated School’s Clinical Faculty must email completed form to MCSHS Education Coordinator Katherine Gil-Redondo at*** [**gil.katherine@mayo.edu**](mailto:gil.katherine@mayo.edu)

| **Term** | **Request Deadline** |
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| Spring (January-May) | Completed rotation request due**August 15th** |
| Summer (May-August) | Completed rotation request due **December** **5th** |
| Fall (August-December) | Completed rotation request due**March 15th** |

* All fields below, including GPA must be completed. If there are fields missing, unfortunately, we will not be able to accept the request.
* **Student’s current semester in program** allows us to know their current status in their program (e.g., First, second, last semester, etc.), please make sure you complete this area for each student.
* If we are unable to find a preceptor in the **preferred area of interest** requested, we will proceed to automatically look for a placement in the **2nd or 3rd areas of interest**. If the student can’t be in any other area besides the preferred, please make sure you don’t put anything for 2nd or 3rd, this way we avoid finding a placement in an area the student can’t be.
* **APRN, PA, MD preceptors:** Our preference and priority is to place all the students with an APRN, however, there are circumstances where we can’t find an APRN to precept in a certain area, therefore, we will place students with a PA or MD if available. If the student can ONLY be placed with an APRN, make sure you mention this on the **NOTES** section of the request per student, otherwise we will place with next available.

**NOTE:** Although we try our best to place all students, placements are not guaranteed, please make sure there is a backup clinical site in the event we can’t find placement for the student(s) at Mayo Clinic.

**Affiliate School Name:**

**Program Coordinator Name:**

**Program Coordinator Email:**

**Program Coordinator Phone:**

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| **Semester/Rotation Start Date:** | **Semester/Rotation End Date:** |

**Student(s) information:**

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| **Name:** | **Preferred Area of Interest:** |
| **Email:** | **2nd Area of Interest (if any):** |
| **Program Track:** | **3rd Area of Interest (if any):** |
| **Student’s Current Semester in Program:** | **Number of Hours Needed this Semester:** |
| **Expected Graduation Date:** | **Previous Student at Mayo Clinic (Y/N):** |
| **Current GPA:** | **Mayo Clinic Employee (Y/N):** |
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