

**RNSG/VNSG 1006 Re-Entry Nursing Update
Student Clinical Placement Information**

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ E-mail _____

When/How is it best to reach you? _____

RN LVN How long have you been a nurse? _____

What is the status of your nursing license? (circle one) Current Temporary Expired

License (or temporary) number: _____

How many years/months since you last practiced in the clinical setting? _____

What clinical areas have you practiced in and when (list from most recent employment)?

What special skills and/or knowledge base do you bring to this course? _____

What skills and/or knowledge do you feel you need the most review? _____

In what local facility are you interested in completing your clinical time (consider choosing a site in which you are interested in securing employment)? _____

In what clinical area/department? _____

What shifts (7A – 7P, 7P – 7A, or 8 hour shifts specify) are you interested and available?

Do you have a potential job lined up now? Where? _____

How did you hear about this class? _____

What are you hoping to learn in this class? _____

Are you working outside the home now? Where? _____

Fulltime _____ Part time _____

Are there any other challenges you face in relation to this class? _____

How can you contribute to this class? _____

How do you learn best? _____

How can we help to facilitate your learning experience? _____

Every effort will be made to secure a preceptor that will best fit your education/refreshers needs. Medical-Surgical units' best fit the nurse needing clinical skills update. I give permission to conduct any necessary verification of licensure or release of necessary personal information to the precepting facility prior to the clinical preceptorship.

Signature: _____

Date: _____