Virginia Mason Medical Center
Clinical Education
School of Nursing: Student/Faculty Information

School:

☐ Bellevue Community College
☐ Shoreline Community College
☐ Seattle Central Community College
☐ Northwest University

Instructor name: _____

☐ Seattle Pacific University
☐ Seattle University
☐ University of Washington
☐ Other: _____

Clinical setting:
☐ Inpatient ☐ Outpatient

Student level:
Undergraduate -

☐ Nursing Assistant
☐ Junior RN
☐ Senior RN
☐ RN Refresher

Graduate – ***Note:*** ***All graduate student project proposals require review by the Administrative Director of Clinical Education.***

☐ MN/MSN ☐ CNS/CNL
☐ DNP ☐ ARNP

Dates of Clinical:
Start: _____ Stop: _____
1st day @ VMMC Last day @ VMMC

Student

Name: _____
(Last, First, middle initial)

Date of Birth: _____Gender: M___ F___

Mailing address: _____
_____

Phone: _____ ☐Cell ☐Home

Email: _____

Emergency Contact: _____

Relationship: _____

Faculty

Name: _____
(Last, First, middle initial)

Date of Birth: _____Gender: M___ F___

Mailing address: _____
_____

Phone: _____ ☐Cell ☐Home

Email: _____

Emergency Contact: _____

Relationship: _____

Student Information

Are you a VMMC employee?
☐ YES Job Title and badge number_____
☐ NO May we send you information about job opportunities @ VMMC? ☐ YES _____
Indicate preferred contact method

Is this your first time @ VMMC?
☐ YES
☐ NO

Are you currently employed in a healthcare facility?
☐ YES If so where and in what position _____
☐ NO

What is/are your areas of interest? _____
_____

While here at VMMC do you have any requests for additional experiences or observations? _____
_____