LEHMAN COLLEGE, CUNY DEPARTMENT OF NURSING
GRADUATE NURSING PROGRAM

APPLICATION FOR CLINICAL PLACEMENT

RETURN TO:
Cynthia Wilson (placement selected) – Cynthia.Wilson@lehman.cuny.edu
Cassandra Dobson (placement help) – Cassandra.Dobson@lehman.cuny.edu

DATE: _____   Course Number:

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE NUMBERS (HOME/CELL/JOB): _____

STUDENT LEHMAN E-MAIL ADDRESS: _____

LANGUAGE SPOKEN OTHER THAN ENGLISH _____

DATE OF BIRTH   ___ /____/_____   SOCIAL SECURITY NUMBER _____

CLINICAL SITE: _____

CONTACT NAME (MANAGER/ADMINISTRATOR):

_____

CONTACT (MANAGER/ADMINISTRATOR) EMAIL ADDRESS:

_____

PHONE NUMBER: _____

FAX NUMBER: _____

PRECEPTOR NAME AND TITLE: _____

PRECEPTOR PHONE NUMBER: _____

PRECEPTOR E-MAIL ADDRESS: _____

UNIT/ADDRESS OF ACTUAL CLINICAL ROTATION:

_____

_____

SEMESTER YEAR REQUESTED FOR PLACEMENT: Fall _____   Spring _____ Summer _____

*Students are required to have the following documents uploaded in their file on the Typhon software program:
Current SN Practitioner malpractice insurance, current BCLS certificate, Student Health Clearance form, and current NYS
Registered Nurse Registration. [Urine toxicology report, criminal background report – see Undergraduate Docs & Forms
and Castle Branch, proof of COVID-19 vaccination