

**LEHMAN COLLEGE, CUNY DEPARTMENT OF NURSING
GRADUATE NURSING PROGRAM**

APPLICATION FOR CLINICAL PLACEMENT

RETURN TO:

Cynthia Wilson (placement selected) – cynthia.wilson@lehman.cuny.edu

Wanda Johnson (placement help) - wanda.johnson@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 ___ / ___ / _____ SOCIA 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, current NYS
Registered Nurse Registration, Urine toxicology report, criminal background report – see Undergraduate Docs & Forms
and Castle Branch, proof of COVID-19 vaccination**