

Advanced Practice Provider Clinical Placement Program – Interest Form

Thank you for your interest in Premier Health’s Clinical Placement Program. We are excited to help you on your journey to become an Advanced Practice Provider and are looking forward to getting to know you better.

Please complete the following form in its entirety so that we can find a placement suitable for your type of degree and area of study.*

If you need placement for more than one clinical rotation in a semester, please complete a form for **each** rotation.

Note: Incomplete forms may delay the process and result in the form being sent back to you.

Today’s Date: _____

Full Name: _____

School Name: _____

Email Address: _____

Date Preceptor Information is Required by School: _____

Are you currently a Premier employee? Yes No

Please share the type of practice/experience you are seeking: _____

Practitioner Type: MD/DO PA NP Other: _____

Exact Dates of Clinical Experience: Start date: _____ End date: _____

Hours Needed to Complete Rotation: _____

Will you be completing this program while you are simultaneously working on another preceptorship? Yes No

Please share any special considerations or placement preferences you may have: _____

Please send your completed form to APPClinicals@premierhealth.com.

IMPORTANT: We request that you work with our program manager and do not make calls directly to our physician offices. If you would like to request to work with a provider you have already spoken to, please let our program manager know right away. Working outside of the process may delay placement.

*Premier employees are given priority placement. Placements are not guaranteed.

