

Undergraduate Nursing Student Placement Roster

Directions: Complete and submit to the ZSFG Student Placement Coordinator at the beginning of each clinical rotation.

School: _____ Course Name & Semester: _____

Instructor: _____ Beginning & End Dates of Clinical Rotation or Placement: _____

Instructor's Work/Cell Phone or Pager #: _____ ZSFG Clinical Site(s): _____

- Access to Medical Records by Students** (Only if applicable) The following individual(s) has (have) been accepted for clinical placement at ZSFG as part of an approved academic program and may have access to ZSFG medical records:

Instructor Signature

Student Name (Last, First)	Home Phone	Unit	Check off day(s) of week that student will be on site. Variable (if applicable)							<input checked="" type="checkbox"/> Check = required forms		
			Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Undergraduate Student Placement Form	Undergraduate Nursing Student Placement Form	Photo Id (if not provided by school)
1.												
2.												
3.												
4.												
5.												
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