

# Student Experience Request

## PRECEPTORSHIP/INTERNSHIP

Mary Greeley Medical Center is committed to providing students with a positive educational experience. Complete and return this form to Mary Greeley Human Resources *at least 2 weeks prior to the preferred start date.*

**Email:** [studentexperience@mgmc.com](mailto:studentexperience@mgmc.com) **Phone:** 515-239-2168

Requests are considered based on department availability to accommodate the request.  
You will be asked to submit a photo upon approval of your request.

First Name:	Last Name:	MI:	Gender:
Phone:	Email:		
School:	Degree Program or Major:		
Date of flu shot:	(*mandatory)	Nursing Term:	1 2 3 4 5 Preceptor
COVID Vaccine:	1 <sup>st</sup> Dose Date:	1 <sup>st</sup> Dose Manufacturer:	
	2 <sup>nd</sup> Dose Date:	2 <sup>nd</sup> Dose Manufacturer:	
	Booster Dose Date:	Booster Dose Manufacturer:	
OR	Medical Exemption	Religious Exemption	
Have you been a student at Mary Greeley Medical Center previously?	Yes	No	
Are you a current Mary Greeley Medical Center employee?	Yes	No	
Requested Department:	Many units host students. Please visit <a href="http://www.mgmc.org/students">www.mgmc.org/students</a> for a list of possibilities.		
First Choice:	Second Choice:		
*Preferred Start Date:	End Date:		
<small>*Actual start date will be confirmed.</small>			
Are hours required?	Yes	No	If yes, how many?

### IF THIS IS FOR A CLINICAL EXPERIENCE (PRECEPTORSHIP), PLEASE COMPLETE THE FOLLOWING:

Have you identified a preceptor (if so, list preceptor name)?

What systems will you need access to? (Omniceil, Accucheck, EPIC, etc.)

Does the Preceptor need specific requirements? (i.e. position, education level, experience, etc.)

**FOR HR USE** School agreement: Y N Date Received: \_\_\_\_\_ Imprivata: Y N  
Unit assigned: \_\_\_\_\_ Unit preceptor name: \_\_\_\_\_