

Nursing Preceptorship Request

Please complete and submit a request for each clinical group to Mary Greeley Human Resources at least 2 weeks prior to the requested clinical rotation start date.

Email: studentexperience@mghmc.com

School will work directly with unit supervisor to arrange preceptorships and send this form to Mary Greeley Medical Center email contact.

Clinical Rotation Details: Start Date: _____ End Date: _____

Days of the Week: Sun Mon Tues Wed Thurs Fri Sat Time: _____

If there is an exemption for the flu or COVID vaccine, please indicate exempt in the appropriate column below.

Please note: the school must keep documentation of exemptions on file and available if requested from Mary Greeley.

Student ID	First Name	MI	Last Name	Gender <i>M or F</i>	Unit	Preceptor Name	Flu Shot Date <i>Check if an exemption has been filed.</i>	COVID Dose 1 Date <i>Check if an exemption has been filed.</i>	COVID Dose 1 Manufacturer	COVID Dose 2 Date	COVID Dose 2 Manufacturer	COVID Booster Date	COVID Booster Manufacturer