



**Academic Affiliation Contact Information**  
(All sections must be completed)

**REQUIRED:**  
Semester for which you are  
requesting placement:

\_\_\_ SPRING 20\_\_\_  
\_\_\_ SUMMER 20\_\_\_  
\_\_\_ FALL 20\_\_\_

Department/Area Requested:

Total hours needed: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ DOB : \_\_\_\_\_  
Last First MI

Primary Address: \_\_\_\_\_  
Street Address Apt #

City State Zip Code

Phone: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (H): \_\_\_\_\_

Email Contact Address: \_\_\_\_\_

Are you a Children's National Employee? \_\_\_ YES - Please enter employee ID number: \_\_\_\_\_

Current Dept/Unit: \_\_\_\_\_ Work Number: \_\_\_\_\_

**COLLEGE/UNIVERSITY INFORMATION**

Name of School: \_\_\_\_\_

Dean of Nursing: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Instructor: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever worked (or been a student) at Children's National before? \_\_\_ YES \_\_\_ NO

Previous ID number (if known): \_\_\_\_\_

Years of Pediatric Experience: \_\_\_\_\_