



Platte Valley Women's Healthcare, PC
Student Application for Clinical Experience

To be considered for a student educational experience at Platte Valley Women's Healthcare, all students must submit:

- ___ completed application form
- ___ copy of current Nebraska state licensure (if applicable)
- ___ current resume
- ___ course clinical objectives/goals
- ___ calendar/list of requested clinical time/hours

Student Name _____

Address: _____

Phone: _____ Email: _____

Current Licensure Held _____ Nebraska License Number _____

Has your current license ever been disciplined in any way? _____

If yes, explain: _____

University or College Attending: _____

Program of Study/Degree Goal: _____

Anticipated Date of Graduation: _____

Course for which you need clinical hours (attach syllabus/clinical objectives):

Faculty Contact Information: _____

Number of hours requested: _____

Dates you will need clinical time (be as specific as possible): _____

Future Practice Goals (where do you plan to live and work following graduation/licensure): _____



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Why do you want to train at Platte Valley Women's Healthcare, PC? _____

I acknowledge that this is part of my application for clinical experience at Platte Valley Women's Healthcare, PC. These statements are true and factual to the best of my knowledge. I understand that PVWHC staff may check my work history/educational status by contacting my current and former supervisors and University or College. Note: false statements on any part of your application may be grounds for not allowing clinical time, or for terminating the student relationship at any time.

Applicant Signature

Date