

VENTURA COLLEGE  
NS40B Preceptorship Request Application

To help place students and to give students the opportunity to state preferences, we need the following information from you. Please list your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> preferences and list any other request. Every effort will be made to meet your request; however, that may not be possible due to the limited placements and shifts.

Student Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

**HOSPITALS:**

SJRCM	1 <sup>st</sup> Choice _____
CMH	
Ojai	2 <sup>nd</sup> Choice _____
SJ Pleasant Valley	
Santa Paula	3 <sup>rd</sup> Choice _____
VCMC	

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**CLINICAL SHIFTS:**

Day 7a-7p	1 <sup>st</sup> Choice _____
Nights 7p-7a	2 <sup>nd</sup> Choice _____
Other _____	3 <sup>rd</sup> Choice _____

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**AREA**

Medical-Surgical	Labor & Delivery	
Telemetry	Post Partum	1 <sup>st</sup> Choice _____
Peds	ICU	
Psych (Hillmont)	Nursery	2 <sup>nd</sup> Choice _____
ER	OR	
CCU	NICU	3 <sup>rd</sup> Choice _____

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**Which is more important** (Check one)

\_\_\_\_\_ Hospital      \_\_\_\_\_ Hours      \_\_\_\_\_ Specialty Area

**IF YOU WORK AT ANY OF THE ABOVE CLINICAL FACILITIES, PLEASE COMPLETE:**

Hospital: \_\_\_\_\_ Unit \_\_\_\_\_ Shift: \_\_\_\_\_ Job Title \_\_\_\_\_

If you are requesting a specialty area, please justify why you are qualified to go into this area:

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_