



14 W Jordan Street · Pensacola · Florida · 32501 · (850) 436-4630

CLINICAL STUDENT PLACEMENT FORM

Date: _____

To be completed by student or educational institution representative. Please email to arivers@ecc-clinic.org or fax to (850) 436-2095 Attention: Clinical Director.

Student's Name: _____

Educational Institution: _____

Educational institution representative's name and contact information:

Specialty preference/ requirement: _____ Number of hours required: _____

Requested start date: _____ Required completion date: _____

To be completed by Escambia Community Clinics' staff.

-J	Date Completed	Requirement	Initials
		School/Student Agreement	
		ECC Contact Form	
		ECC Confidentiality and Security Statement	
		Proof of MMR immunizations or titers	
		Proof of Hepatitis B immunizations or titers	
		Proof of negative TB skin test or chest x-ray within 1 year	
		Current CPR for Healthcare Provider	
		Background check	
		Urine drug screen	
		Orientation date/time: _____	
		Site Placement notification	

Site Placement: _____

Preceptor (if applicable): _____