
PRACTICUM SITE REQUEST FORM

Student: _____ Home Province: _____

Vehicle Access: YES NO Language(s) Spoken: _____

Practicum Level: Internship Externship

The undersigned agrees to the following conditions pertaining to the arrangement of the internship or externship placement.

1. The student reviews potential placement sites by reading information available from the Clinical Coordinator, by meeting with the Clinical Coordinator, and/or by interviewing students who have already completed a placement in the area/site of interest. Summer Internship placements are arranged within Atlantic Canada.
2. The student does not contact prospective institutions/placement sites or clinical educators.
3. The student selects practicum sites based on clinical hours requirements, previous clinical experiences, as well as any personal constraints.
4. The student submits Appendix B-3 by the deadline indicated by the Clinical Coordinator.
5. The Clinical Coordinator will attempt to place the student at one of the 5 sites/areas listed below. In certain circumstances, the Clinical Coordinator may need to place a student at a practicum site not listed below due to resource constraints.

A.

B.

C.

D.

E.

6. The student agrees to accept the practicum placement assigned to them by the Clinical Coordinator. The student further agrees not to request a change to that assignment except under conditions of extreme, unforeseen hardship.
7. Students requesting a placement in their hometown will be given preference relative to out-of-town students. Multiple students from the same hometown may be randomly selected if the area has limited offers.
8. Upon receiving written confirmation of the practicum placement from the Clinical Coordinator, the student will contact the clinical educator within one week to confirm a starting date and/or handle any other practicum details.

STUDENT CLINICIAN

ACADEMIC COORDINATOR OF CLINICAL EDUCATION

DATE

DATE RECEIVED