Freeman Health System, 932 E 34th St. Joplin, MO 64804
Email: professionaldevelopment@freemanhealth.com
Phone: 417-347-5830

FREEMAN Health System
Professional Development

Advanced Practitioner Student Application

Personal Information: Print or Type

SSN (Full): _____ **Date of birth:** _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone #: _____ **Ok to text:** Yes No

Email: _____

School/Program Name/Grad Date: _____
School/Program Name Graduation Date

Specialty Seeking: Nurse Practitioner Physician Assistant CRNA Nurse Midwife

School Coordinator's Name & Contact Info: _____

Current Freeman Employee: Yes No **Former Freeman Employee:** Yes No

Rotations Requested: We will do our best to match you in your desired specialty.

Requested Specialty & Preceptor Name (if known)	Start Date	End Date	Req. # of Hours
1.			
2.			
3.			
4.			
5.			

Freeman Health System requires the following information along with your application **at least 45 days prior** to the scheduling of your rotation. We reserve the right to cancel your rotation if the required paperwork is not submitted timely.

All applicants must provide the following:
□ Rotation application
□ Letter of good standing from school
□ Proof of liability insurance
□ Photo ID in JPEG format
□ Copy of evaluation needed for school
□ Copy of BLS certification, ACLS may be required depending on specialty requested

Additional documents for **non**-Freeman employees:
□ Attestation from school that includes that student has met the requirements listed in the affiliation agreement:
-Vaccination/declination for MMR, TB, Hep B, COVID, and Flu
-Comprehensive Criminal Background Check
-Drug Screen

_____ _____
Student Signature Date