



Education Department

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