



Graduate Nursing

Nurse Practitioner
and Nurse
Midwife Clinical
Student
Registration

NP/NM CLINICAL STUDENT REGISTRATION

All Clinical Graduate Students for Nurse Practitioner and Nurse Midwife must meet the following requirements:

- Be enrolled at a program with a current affiliation agreement with Huntsville Hospital
- Apply for clinical sites with preceptors that are in keeping with the area of certification you are enrolled in
- Function under the supervision of the registered preceptor at all times

Attach an updated CV/Resume

Please complete the registration in its entirety and email your registration to:

- **Email address:** graduatenuisingstudentclinicalrotations@hhsys.org

HH NP/CNM GRADUATE STUDENT REGISTRATION

STUDENT NAME: _____
First Last Credentials

E-MAIL ADDRESS: _____
Communications will be sent to the provided e-mail

(____) _____ (____) _____
Work Telephone Number Cell Telephone Number

HH CLINICAL SITE: _____
Clinical Site Name Population served

School Attending _____ Certification(s) sought _____ (FNP, NNP, etc) Anticipated Graduation Date _____

School Advisor _____ Email: _____

Have you identified a preceptor(s)? If so please list the name and email:

List any previous preceptor(s) you have had here at Huntsville Hospital in the last two years.

In which semester(s) and year do you intend to be enrolled in clinicals here? Year _____

Spring Semester (January- April) Summer Semester (May – August) Fall Semester (August – December)

Number of hours needed and or agreed upon with the preceptor: _____

I hereby certify that the information I have provided in this application is accurate and complete.

Signature Date