



ADVANCED PRACTITIONER PRACTICUM APPLICATION PAGE 1/2

For **INPATIENT** AdventHealth Orlando hospital permissions, submit to: Heather.Hernandez@AdventHealth.com

For **OUTPATIENT** AdventHealth Medical Group Central Florida Division permissions, submit to: Frances.Bailey@AdventHealth.com

If practicum requires both inpatient and outpatient permissions, contact either Heather Hernandez or Frances Bailey for assistance.

PROGRAM		<input type="checkbox"/> NEW STUDENT		<input type="checkbox"/> RETURNING STUDENT	
<input type="checkbox"/> Advanced Registered Nurse Practitioner (ARNP)		<input type="checkbox"/> Physician Assistant (PA)			
<input type="checkbox"/> Certified Nurse Midwife (CNM)		<input type="checkbox"/> Doctor of Nursing Practice (DNP & DNAP)			
<input type="checkbox"/> Master of Science in Nursing (MSN)		<input type="checkbox"/> Other (Specify):			
APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Date:
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	SS#		
School Issued Email Address:			Primary Phone:		
Emergency Contact Name:			Emergency Contact Phone:		
Are you currently employed by AdventHealth? Yes <input type="checkbox"/> No <input type="checkbox"/>			Department/Unit (if employed):		
Lic. Number (if applicable):			Lic. State (if applicable):		
SCHOOL/PROGRAM CONTACT INFORMATION (OFFICIAL DESIGNATED TO RECEIVE CORRESPONDENCE/AFFILIATION AGREEMENT/EVALUATION)					
School/Program Name:			Expected Graduation Date (mm/yy):		
Contact Name:			Title:		
Street Address:			City:	State:	Zip
Business Phone:			Email:		
TRAINING STATEMENT					
Are you aware of any limitations that would prevent you from performing the duties required for the training you are requesting? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Explain:					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge. If this application is approved, I understand that I am responsible for submitting all required documents, as indicated in this application, including any additional documents as requested by the AdventHealth. I agree to obtain prior written approval of AdventHealth before publishing any material related to the learning experience provided.					
Applicant Signature:			Date:		
School Representative Signature:			Date:		

ADVANCED PRACTITIONER PRACTICUM APPLICATION PAGE 2/2Inpatient Experience Outpatient Experience **NAME OF ROTATION:**

Semester Start/End Date:

Anticipated Start Date:

Anticipated End Date:

Total Hours:

LOCATION: (select all that apply): AdventHealth Orlando AdventHealth for Women AdventHealth for Children
 AdventHealth Altamonte AdventHealth Apopka AdventHealth Celebration AdventHealth East Orlando
 AdventHealth Kissimmee AdventHealth Winter Garden AdventHealth Winter Park AdventHealth Waterman

Student Name:

Student School Name:

ADVENTHEALTH PRECEPTOR INFORMATION

I am a healthcare provider with an unrestricted license to practice in my specialty, and a current member of AdventHealth Medical Staff. By my signature below, I agree to precept the Student named above in a clinical rotation during the requested dates on this application. I assume full responsibility for the education, evaluation, conduct and actions of the student while on rotation.

Last Name:

First Name:

M.I.:

Credentials:

Employer: AdventHealth Orlando AdventHealth Medical Group (AHMG) Other:

Specialty:

Practice Name (if applicable):

Inpatient Unit/Department:

Practice Address:

Business Phone:

Email:

Supervising Physician/Preceptor Approval (REQUIRED)

Approved Start Date:

End Date:

Signature:

Date:

Inpatient Unit Director Approval *Not Applicable – No Inpatient Experience*

Name:

Title/Unit:

Signature:

Date:

Practice Manager/Leader Approval *Not Applicable – No Outpatient Experience*

Name:

Title/Unit:

Signature:

Date:

Heather Hernandez, AdventHealth Orlando | Graduate Medical Education Administration
Heather.Hernandez@AdventHealth.com | 407-303-7327

Frances Bailey, AdventHealth Medical Group Central Florida Division | Human Resources
Frances.Bailey@AdventHealth.com | 407-200-2545