

ADVANCED PRACTITIONER PRACTICUM APPLICATION PAGE 1/2

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

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

If practicum requires both inpatient and outpatient permissions, contact either for assistance.

PROGRAM		<input type="checkbox"/> NEW STUDENT/FIRST ROTATION		<input type="checkbox"/> RETURNING STUDENT	
<input type="checkbox"/> Advanced Registered Nurse Practitioner (APRN)		<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:	SSN or SIN: <small>Full SSN is required for computer access</small>		
School Issued Email Address:			Emergency Contact Name:		
Cell Phone:			Emergency Contact Phone:		
Are/were you employed by AdventHealth? Y <input type="checkbox"/> N <input type="checkbox"/>			OPID:		
Department/Unit (if employed):			Lic. # and State (if applicable):		
Expected Graduation Date:			Lic. # and State (if applicable):		
SCHOOL/PROGRAM CONTACT INFORMATION (OFFICIAL DESIGNATED TO RECEIVE CORRESPONDENCE/AFFILIATION AGREEMENT/EVALUATION)					
School/Program Name:					
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 PRACTICER PRACTICUM APPLICATION PAGE 2/2

Inpatient Outpatient Athena Department Name:

NAME OF ROTATION:

Semester Start/End Date: Anticipated Start Date: 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

Caryl Gunawardena, AdventHealth Medical Group Central Florida Division | Human Resources
Caryl.Gunawardena@AdventHealth.com