



Patient Plus Student Program Application

Name _____ Date Of Birth _____
Last First Middle

Contact #: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Emergency Contact Name	Relationship to Applicant	Contact Number

Name of School/Program _____

Program Contact Person _____ Program Phone _____

Anticipated Date of Program Completion _____ Credits Completed _____

How many hours would you like to precept with one of our Providers? _____

Desired Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Tell us why you are interested in precepting/shadowing at Patient Plus Urgent Care.

Tell us about your future career goals.

In addition to this application, please submit the following to our training department.

- Current Resume
- Immunization Records
- Tuberculin Skin (TB) skin
- Required course documentation/preceptor agreements (if applicable)