



## Student Placement Request Form with Stanislaus County Health Services Agency

### Institution Information

College/University Name: \_\_\_\_\_

College/University Address: \_\_\_\_\_

School/Department/Program Name: \_\_\_\_\_

Program Type: ☐ Masters ☐ Bachelors ☐ Certificate ☐ Other: \_\_\_\_\_

### Student Placement Details

Student Name(s): \_\_\_\_\_

Requested Start Date of Placement (MM/DD/YYYY): \_\_\_\_\_ Total Number of Students: \_\_\_\_\_

Requested End Date of Placement (MM/DD/YYYY): \_\_\_\_\_ Total Hours Needed per Student: \_\_\_\_\_

Type of Placement Sought (e.g. Clinical or Public Health): \_\_\_\_\_

### Primary Contact Information for Program Placement

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Supporting Documents Required:


- ☐ Student Learning Objectives
- ☐ Syllabus or Schedule of Hours
- ☐ Affiliation Agreement\*

\* **Please Note:** If your institution does not currently have an Affiliation Agreement with our agency, you are able to begin the process with submission of this form.

#### Submission Instructions:

Please submit this completed form and supporting documents to Stanislaus County Health Services Agency at [HSAsstudent@schsa.org](mailto:HSAsstudent@schsa.org) with the subject line "Student Placement Request" and your institution's name (*please see below example*).

Once your request is received, we will process your request and respond within 7-10 business days.

 Send	From	▼
	To	<a href="mailto:HSAsstudent@schsa.org">HSAsstudent@schsa.org</a>
	Cc	
	Subject	Student Placement Request - [YOUR UNIVERSITY NAME]