

Submit to OLHS.students@ochsnerlsuhs.org for Shreveport or OLHS-education@ochsnerlsuhs.org for Monroe.

APPLICATIONS MUST BE COMPLETED AND SUBMITTED ELECTRONICALLY. HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED.

PERSONAL / EDUCATIONAL INFORMATION

Name	LAST	FIRST	MI
Mailing Address			
Phone Number	Student Email Address*		
Emergency Contact	Emergency Contact Phone Number		
School Name	Student ID Number		
Degree/Program	Anticipated Graduation Date		
Instructor Name	Last 4 SSN*		
Instructor Email			
Have you ever worked at Ochsner?	YES	NO	CURRENT EMPLOYEE
If yes, please explain reason for leaving/termination:	*required for Epic access		

CLINICAL ROTATION INFORMATION

Semester/Quarter	BLS Expiration Date
Requested Campus/Clinic	LA Nursing License #:
Requested Unit/Department/Specialty	
*Rotation START DATE:	*Rotation END DATE:
Total Number of Day/Hours requested for rotation:	
NUMBER	DAYS/HOURS

I attest that all information provided on this application is true and accurate.

TO BE COMPLETED BY THE PRECEPTOR

If a preceptor has not been identified, leave this section blank and notify OLHS Academics that you require assistance obtaining a preceptor.

I agree to precept the above captioned student and understand the guidelines and limitations for the visiting student and will ensure compliance.

Preceptor Name	Preceptor Signature	Date
Preceptor Email	Preceptor Phone Number:	