



**ED 456C SCHOOL NURSE PROGRAM
APPLICATION FOR FIELD EXPERIENCE**

Deadlines: February 15 for Fall experience; September 15 for Spring experience.
Please complete and return to your advisor

ID# _____ NAME _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF EMPLOYER _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

Semester of anticipated field experience: () Fall _____ () Spring _____

(Indicate exact dates you prefer. Please adhere to Caldwell College's academic calendar.)

A. Health Office -75 hours-

Date _____ through _____

B. Health Instruction Classroom -75 hours-

Date _____ through _____

Preferred Placement(s) -Complete all information including zip codes and phone numbers

Health Office

School _____

Address _____

District _____

Principal _____

Phone _____

Health Instruction Classroom

School _____

Address _____

District _____

Principal _____

Phone _____

R.N. License No _____ (Attach copy)

Tuberculin Test (Mantoux) _____ (Attach copy)

Student Signature: _____ Date _____

Academic Advisor: _____ Date _____