Baycrest

Centre for Education and Knowledge Exchange in Aging

Nursing Placement Request Form

Placement Term:	**Requester's Contact:**	
Institution Name:	**Phone:**	**Email:**

Unit	**# of Students**	**Program Year (e.g. 4th Year or Semeser 1)**	**Program Type (e.g PN, BScN, IEN)**	**Course #**	**Placement Type (preceptor/group)**	**Placement Dates**	**Days/Hours**	**Accept**	**Decline**
3 East									
3 West									
4 East									
4 West									
5 East									
5 West									
6 East									
6 West									
7 East									
Apotex 3									
Apotex 3									
Apotex 3									
Apotex 4									
Apotex 5									
Apotex 6									
Apotex 7									
Geriatric Day Hosp									