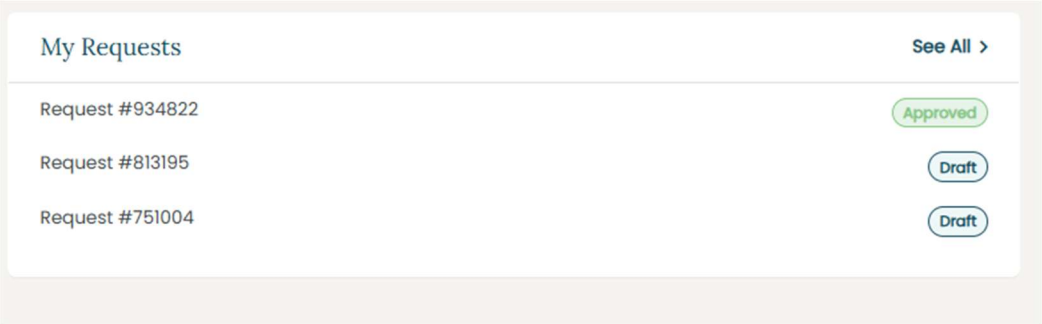
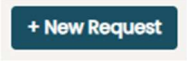
Submitting an Independent Student Request

1.) Scroll to the "My Requests" Section. Click "See All"



2.) At the top right, click the green New Request button.



3.) From the "State" drop-down, select the State where the **Hospital** is located.
   a. This is not a required field, but it will help you narrow your search a bit.
4.) From the "Hospital" drop-down, select the name of the Hospital where you want to rotate.
5.) From the "Program" drop-down, select the type of rotation you are seeking.
   a. If you do not see your correct Program, please contact your school coordinator.

Only items marked with a red asterisk (*) are required. You may leave the other fields blank if you would like.

6.) **Step 1 of 3:** Enter your school information:
   a. **School Info:** Enter the degree you are seeking at your Academic Institution and your GPA from your current enrollment
   b. **School Coordinator Details:** Enter their first name, last name, email address, and phone number (this will help your hospital know who to contact with any questions about your rotation).
   c. **Past Experience:** From the drop-down, select Part Time, Full Time, or Unemployed.
   d. **Employer:** Are you currently employed at the Hospital where you are submitting your rotation request? Select Yes or No. Below "Are you currently employed at [hospital]?" are optional fields that you can fill in if you would like to provide that information to the person reviewing the rotation request.
      i. If you select Yes, the Employer box will be greyed out and you can click Next.
      ii. If you select No, please provide the name of the Hospital where you currently are employed in the text box on the right and then click Next.

Optional Fields:

e. **Department/Unit:** If you currently employed at a hospital, enter the Department and/or Unit where you work.
f. **Supervisor Name:** Enter the name of your Supervisor at the Hospital where you are employed.
g. **Supervisor Phone:** Enter the phone number of your Supervisor at the Hospital where you are employed.
h. **Past experience in [Program Type]:** Enter any pertinent details for the Hospital Coordinator to consider as they review your placement request.
i. **Previous experience with requested hospital:** Enter any information that may assist the Hospital Coordinator in approving/declining your placement request.

7.) **Step 2 of 3:** Schedule Preferences

a. **Facility (Clinical Location)**: If the Hospital has multiple locations/clinics/facilities, select your preferred location from the drop-down.
b. **Department**: Select from the drop-down. This is usually the type or clinical area where you'd like your rotation to occur.
c. **Unit**: This is a sub-menu of the above "Department". Select accordingly.
d. **Rotation Period**: Enter the Start and End Date of your rotation. Enter the format at mm/dd/yyyy OR use the drop-down calendar to make your selection.
e. **Days**: Check mark one or more days. If your schedule will vary each week, select any day you might be on rotation.
f. **Shift**: Select from the drop-down.
g. **Shift Hours**: Enter the number of hours you expect your shift to be each day. If your shift time may vary, please enter your expected average. Shift hours may not exceed 24.
h. **Total Hours**: Enter the total number of hours you must log by the end of rotation. This could be your course requirement, OR the total hours based of your schedule set above.

Optional Fields:

i. **Shift Time:** If you know the start and end time of your shift, please enter in this format HH:MM XM.
j. **Preceptor**: If you already know the name of the person who will be overseeing your clinical experience, enter their first and last name here.
k. **Preceptor Contact**: Enter the Preceptor's email address and phone number.

8.) **Step 3 of 3:** Compliance

a. **Document Requirement Table:** If your hospital system or program requires documentation to be uploaded when the request is submitted, they will appear at the top of this page. Please click on any document under the "Document Requirement" column to review what needs to be uploaded. Then, click the corresponding link under the "Supporting Documents" tab to upload the appropriate document. If an item only requires electronic consent, please click the corresponding consent button under the "Electronic Consent" column.
b. **Compliance:** You may be asked to enter compliance information and upload documents. All items that are asked of you must have a value in the value column (this could be a date, yes or no, or a specific item name depending on what the description reads). Any items that have an "Attach Document" button under the "Supporting Docs." column must have a supporting document uploaded. For more information on completing compliance items, please visit this link: (Compliance Page - Currently under construction)
c. **Comments**: Enter any final comments or notes to the Hospital Coordinator.

9.) Click **Review & Submit:** You will be asked to review all the fields you've just filled in once more. Make any necessary changes and then click **Submit Application**.
10.) There will be a pop-up reminding you to not attend a rotation unless the hospital has approved it. Click "Continue" and you will be directed back to your home page.
11.) The Hospital will receive your rotation request and review it.
    a. If they decline your request, you will receive an auto-email from the platform letting you know. At that time, you do not need to do anything further.
    b. If they approve your request, you will need to pay for your account to gain full access to the rest of the site and complete your onboarding requirements.