

# Placement Request Form



Samaritan  
Health Services

## *Dear Student,*

Thank you for your interest in a clinical or educational placement with Samaritan Health Services. In order to reach out to potential preceptors, please answer the following questions and submit your **cover letter** and **resume**:

- What are your program objectives? (attach school document)
- How many hours are needed to fulfill your course requirements? \_\_\_\_\_
- What are the start/end dates of your internship? \_\_\_\_\_
- What course or major is the internship is for? \_\_\_\_\_
- What college or university do you attend? \_\_\_\_\_
- Do you have any location/department preferences? \_\_\_\_\_

Submit this form along with the requested attachments to [StudentServices@samhealth.org](mailto:StudentServices@samhealth.org) at least 30 days before your requested start date.

-SHS Student Services