**Lakeshore Clinical Placement Consortium**

**Reservation Request Form**

This form does not supersede any clinical contract between the individual school and facility. Each school must contact the facility to confirm placement and to set up orientations.

**REQUESTING CLINICAL SPACE ON THE CONSORTIUM CALENDAR**

Please follow the agreed upon procedure:

1. School members need to check the Consortium calendars for available space; please do not ask for space that will cause an obvious conflict.
2. Email all consortium members (including the appropriate agency liaison) with a request for change and request members declare conflicts (if any) within 72 hours/3 business days.
3. If no conflicts after 3 business days, the requesting party should email the appropriate agency liaison with the proposed change.  The agency liaison will check with unit managers and return the manager decision within 1 week.
4. Once MCC receives the "okay" from the appropriate agency liaison and the official faxed request form, the change will be made on the Consortium calendar. MCC will email all consortium members when the Consortium has been updated and reposted. The change will be added to the grid as soon as possible; however, please note the posting date {indicated by an "R"} on the front page of the Consortium calendar prior to indicating that changes haven't been made or refaxing requests.  Duplicate requests make for much confusion.  Thank you!

Please note: For the consortium calendar, 11-7a shifts starts on the day scheduled. Example: Tuesday 11-7a means a student would go in at 11pm on Tuesday night and work through 7am Wednesday morning.

**Request From:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name :** |  | **Date of Request:** | Please click here & use drop down arrow to choose date. |
| **Title:** |  | **School:** |  |
| **E-Mail:** |  | **Contact Phone #:** |  |

**Request:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility** | **Unit**  **(if applicable)** | **Expected # of students** | **Shift**  **Request** | **Clinical Begin Date** | **Clinical End Date** |
|  |  | Precepted?  Yes  No |  | Please click here & use drop down arrow to choose date. | Please click here & use drop down arrow to choose date. |
| **Mark the days of the week clinical will be held on:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | | | | |
| **Exceptions (if applicable):** | | | | | |