



# McLeod County Public Health

1805 Ford Avenue, Suite 200, Glencoe, Minnesota 55336

Email [mcleod.phnsupport@co.mcleod.mn.us](mailto:mcleod.phnsupport@co.mcleod.mn.us)

Direct Line (320) 864-3185

Fax Number (320) 864-1484

Hutchinson (320) 484-4399

Winsted (320) 395-2568

Stewart (320) 328-4413

## Request for Clinical Placement/Internship

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a resident of McLeod County: ☐ Yes ☐ No

### School Information

School Name: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

School Contact Telephone: \_\_\_\_\_

School Contact Email: \_\_\_\_\_

Program of Study:

☐ Nursing ☐ Community Health ☐ WIC-Nutrition ☐ Other

Degree:

☐ Graduate ☐ Undergraduate ☐ RN to BSN ☐ Other

Other Description: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Telephone: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Internship/Clinic Information**

Required Number of Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Is there a project requirement? If so, please describe:

Additional Comments:

Also email a copy of the curriculum, student evaluation form/criteria and resume to  
[mcleod.phnsupport@co.mcleod.mn.us](mailto:mcleod.phnsupport@co.mcleod.mn.us)