

MA Clinical Externship Setting, Site, and Location Preferences Form

Student Name: _____

BC Email: _____

Student Address: _____

Street Address, City, State, Zip Code

Phone: _____ Alternate Phone: _____

Please read all of this form and complete every part of it. Please note that due to the fact that we as a college have only a specific amount of Clinical Sites and Placements for students, that whatever you list as your *first* choice, will be what the Work-Based Learning Coordinator tries to set up for you. Placements are given out on a *first come, first serve* basis, so if another student completed the requirements before you, their preferences will be considered before yours will be. It should be further noted that there are very limited placements available regarding family practice settings, most are within specific specialties. If you insist on having a family practice setting or a specific specialty, the chances of your clinical preferences being met decreases dramatically. Which means you will need to be extremely flexible regarding location city and site type. Please note that in no way can Bellevue College and administrators guarantee that any of your choices will be able to be fulfilled, but will attempt to be accommodating. This means we highly recommend you take exactly what is offered to you. Once you submit this form, you will not be allowed to go back and change your preferences. Submit this form to the Work-Based Learning Coordinator immediately.

Type of Clinical Setting Preferred (i.e. Family Practice, Dermatology, Urgent Care, Other Specialty):

1. _____

2. _____

3. _____

Preferred Clinical Site (i.e. Evergreen, Overlake, UW Neighborhood Clinics, Virginia Mason, etc.):

1. _____

2. _____

3. _____

Preferred City/Locations (i.e. closest to your address, Kirkland, Issaquah, Seattle, Bellevue, etc.):

1. _____

2. _____

3. _____

Student Signature: _____ Date: _____