North Bay Regional Health Centre / Centre régional de santé de North Bay

Student Placement Request Form

School Name*	
School Placement Coordinator Name*	
Placement Coordinator Email*	
Placement Coordinator Phone Number	
Student Name*	
Student Email*	
Program Name*	
Year and/or Semester of Study*	
Placement Description*	
Start Date*	End Date*
Total Number of Hours Required*	

Please indicate specific area(s) of interest (up to three):

1.

2.

3.

Please identify any accommodations that will need follow up in order to support a smooth experience:

Please submit your request here: to StudentSupport@nbrhc.on.ca