Clinical Chaplaincy.org

Placement Proposal Form

(Return by email to info@clinicalchaplaincy.org)

Purpose:
Intern proposes a local placement, following initial contact with training site, for Clinical Chaplaincy review and approval.

Chaplain Intern Info:
Name_____

Email _____ Phone _____

Intended Track (please check) _____ Regular Unit _____ Extended Unit

Anticipated Start Date _____

Proposed site:
Facility name _____

Address _____

Website (if any) _____

Site type

____ Hospital ____ Hospice _____Long Term Care _____Rehab

____ Behavioral Health ____ Clinic ____Other

Brief description of Patient Populations

_____

Rationale for Suitability of this site *(1–3 sentences)*

Scheduling:
Proposed days/times _____

Number of Hours per Week _____

Feasibility across the duration of the unit (avoiding front/back-loading)

Site Supervisor *(proposed, if known):*
Name_____

Title/Role _____

Department _____

Email _____ Phone _____

Anticipated Onboarding Requirements
____ Background Check
____ Badging
____ TB/flu/COVID
____ Electronic Medical Records training
____ Other

Comments (optional)
Language/cultural assets, transportation, other factors.

_____

Intern Signature _____

Date _____