



NORTH OLYMPIC HEALTHCARE NETWORK STUDENT TRAINING REQUEST FORM

Send completed Request Form and CV to students@nohn-pa.org

Student Information

Full Legal Name (print): _____

Current Address: _____

Contact Email: _____

Contact Phone Number: _____

School Information

Current School: _____

Program: _____

Anticipated Graduation Date: _____

Advisor Name: _____

Advisor Contact Email: _____

Advisor Contact Phone Number: _____

Training Dates/Requirements

Requested Dates: _____

Total Hour Requirement: _____

Clinic Frequency: _____



Part 2: Cover Letter & Supplemental Requirements

To be considered for a clinical rotation, please also include a formal cover letter addressing the following:

- 1. Regional Connection** *What is your primary connection to the Olympic Peninsula or Washington State?*
- 2. Institutional Fit** *Why are you specifically interested in training at a Community Health Center (CHC) like NOHN?*
- 3. Career Intentions** *How does training at NOHN align with your long-term professional goals in Washington State?*

Student Signature: _____ **Date:** _____