**Clinical Placement Hardship Request Form**

**Clinical Placement Hardship Policy**

Hardship requests may be granted when extraordinary circumstances beyond expected difficulties inherent in a clinical education assignment are determined to exist. It is inherent on students accepted in the program to familiarize themselves with the requirements of the program including travel and financial costs and to plan accordingly. Approved hardship requests may be for unexpected or unplanned changes in a student’s situation that impede their ability to participate in the clinical education courses as expected. The decision to grant a hardship request is made by the DCE in consultation with the program faculty. If granted, the DCE will attempt to find a clinical site that accommodates the hardship (eg. within the geographical area requested) based on current affiliation agreements and/or offered placements and the student’s Clinical Education Plan. The request by the student to be placed in a specific location may delay the student’s progression through the program and commencement (graduation) date.

A Clinical Placement Hardship Request MUST be emailed to the DCE using the Clinical Placement Hardship Request Form. All hardship requests (besides unforeseen circumstances) and supporting documentation are required prior February first or as soon as possible if the hardship is unexpected.

*Please type responses*

Describe the nature of your clinical placement hardship.

What is your specific request for accommodation regarding your clinical education placement(s)? Describe/List the supporting documentation included as attachments.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Below line: For Clinical Education Office/Team Use

*Date received by clinical education team \_\_\_\_\_\_\_\_\_Approved \_\_\_\_\_\_Not Approved\_\_\_\_\_\_\_\_\_*