

# STUDENT PLACEMENT APPLICATION FORM



District Health Department  
& Home Health Agency

Serving Harrison, Nicholas, Scott  
& Bourbon County Home Health

Return to: April Thomas, MPH  
Public Health Services Manager  
WEDCO District Health Department  
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*This form should be submitted at least **one month** prior to the student's placement.  
An incomplete application may delay the student's placement.  
One student per application; please print legibly.*

## Student's Faculty Advisor/Supervisor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School/College: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Placement Time Period (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

Placement Hours Requested: \_\_\_\_\_

Requested Program Placement: \_\_\_\_\_

Type of Experience:  Direct Care  Observation  Other

If other, please list: \_\_\_\_\_

Academic Level:  High School  Undergraduate (Year: \_\_\_\_\_ )

Graduate  Master  Doctoral

Current Degree Program (if applicable): \_\_\_\_\_

### HEALTH DEPARTMENT USE ONLY

Public Health Director: \_\_\_\_\_ Date: \_\_\_\_\_

Practicum Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_