

**Louis A Johnson VA Medical Center**  
**Clarksburg, West Virginia 26301**  
**Staff Development (304) 623-3461 ext. 3878**  
[Candice.Postle@va.gov](mailto:Candice.Postle@va.gov)

**Student Placement & Fingerprint Form**

Student Name: \_\_\_\_\_  
Last Name First Middle

Aliases (AKA): \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Emergency Contact & Phone #: \_\_\_\_\_

School: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Program Contact Person/Director & Phone #: \_\_\_\_\_

Number of hours needed for Externship: \_\_\_\_\_

Start Date: \_\_\_\_\_ Placement Exit Date: \_\_\_\_\_

Approximate start date & exit dates must be filled in.

**FINGERPRINTING INFORMATION**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Scars, Marks, Tattoos: \_\_\_\_\_

Position: to which appointed: Student/Externship

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_