

Student Application



***Email the completed application to Madeline.Felts@LivingstonHealthCare.org.
If you have questions or concerns, please call 406.823.6874.***

Name: _____

Address: _____

Contact number: _____

Email: _____

University and Program: _____

Desired Provider: _____

Desired Rotation Length: _____

***To continue with this application, you must confirm your university has
established a preceptor affiliation with Livingston HealthCare.***

Direct contact information for the affiliation agreement process:

320 Alpenglow Lane, Livingston, MT 59047
Call 406.222.3541 | Visit LivingstonHealthCare.org

We're here for you.

Required Application Questions:

Why are you interested in studying at Livingston HealthCare?

Do you have an interest in working long-term for Livingston HealthCare?