

Clinical Site/Preceptor Approval Form



**Upstate
Medical
University**
College of Nursing

Student Name _____ Date Submitted _____

Course _____ Student Phone Contact # _____

To be completed by student	
ALL FIELDS ARE REQUIRED, OR YOUR PLACEMENT MAY BE DENIED	
Agency Name	
Clinical Site Name	
Site Agency Address <i>*location where clinical will be performed*</i>	
Site Phone Number	
Type of Site	<input type="checkbox"/> Rural clinic <input type="checkbox"/> Private practice <input type="checkbox"/> Public health <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____
Characteristics of Patients	Age groups: <input type="checkbox"/> Pediatric <input type="checkbox"/> Adolescent/Young adult <input type="checkbox"/> Adult <input type="checkbox"/> Elder Gender(s) <input type="checkbox"/> M <input type="checkbox"/> F Ethnicities:
Area of Clinical Experience Available	<input type="checkbox"/> Acute <input type="checkbox"/> Primary <input type="checkbox"/> Chronic <input type="checkbox"/> Other (describe) _____
Name and all credentials of preceptor, <i>include board certification (-BC, -C)</i>	
Preceptor Email	Phone
Preceptor Population Focus/Specialty Area	<input type="checkbox"/> Primary Care <input type="checkbox"/> Women's Health <input type="checkbox"/> Geriatric <input type="checkbox"/> Pediatrics <input type="checkbox"/> Mental Health <input type="checkbox"/> Specialty Area (describe) _____
Number of Hours Planned	

CON USE ONLY	
Current site contract verified	<input type="checkbox"/> Yes - Expiration Date <input type="checkbox"/> No
Preceptor credentials verification	License <input type="checkbox"/> Yes <input type="checkbox"/> No Certification Verified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible CV on file <input type="checkbox"/> Yes <input type="checkbox"/> No Requested Date
Scheduled in Typhon Date	
Assignment Letter Date	
Notes	

Faculty Approval _____ Date _____