



# College of Nursing Preceptor/Clinical Site Form

1. The student must fill out the form and submit to the faculty assistant. You may fax to 315-464-5168, send to: Upstate Medical University, College of Nursing, Attn: Pam Bowman, 750 East Adams Street, Syracuse, New York 13210 or bring the form to our office. Upon receipt of the completed form the faculty assistant will check to see if the College of Nursing has a contract with the agency.
2. If/When there is a contract in place, the faculty assistant will notify the student (via your Upstate email) that the clinical hours may commence.

### Check your course:

- 444 Comm Health
- 514 RNFA
- 584 Trends
- 627 Psych I
- 628 Psych II
- 629 Pysch III
- 641 FNP I
- 642 FNP II
- 643 FNP III
- 650 CNS Comp
- 665 Ed Eval
- 670 CNS Sel Phen
- 675 Adv CNS Comp
- 686 PNP I
- 687 PNP II
- 688 PNP III
- 699 Indp Study
- 702 Teaching Practicum
- 703 Admin Practicum
- 704 Clinical Practicum
- 706 CNS Clin Proj I
- 707 CNS Clin Proj II
- 708 CNS Clin Proj III

### Student Information

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Email: \_\_\_\_\_@upstate.edu Semester: \_\_\_\_\_ Year: \_\_\_\_\_

### Preceptor Information

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Specialty: \_\_\_\_\_

### Agency Information

Complete Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ # hours to be spent at this agency: \_\_\_\_\_

### For College of Nursing Use Only

There **IS** a contract with this agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

There is **NOT** a contract with this agency.

Contract initiated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signed contract received: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Preceptor's CV/resume on file?  Yes  
 No

Date letter was sent to preceptor: \_\_\_\_\_