

Date submitted to instructor: _____
Date submitted to Mary Kay Thornburg: _____

**Washburn University School of Nursing
Potential Clinical Site & Preceptor form**

Instructions: The student is to complete the form with the help of the potential preceptor and turn in a in to the clinical course coordinator for routing.

Student Name: _____

Student Phone Number: _____

Clinical Course Name/Total Clock Hours: _____

Clinical Course Coordinator: _____

Preceptor Name (As it appears on state license) & Educational Preparation (MD, DO, DNP, MSN):

Preceptor Specialty (i.e. FNP, PMHNP, Internist, Hospitalist, Psychiatry): _____

Preceptor Phone: _____

Preceptor Email: _____

Agency Name: _____

Address: _____

Agency Phone: _____ Agency Fax: _____

Contact Person & Title: _____

Contact Person email address: _____

Contract Type: WU _____ Agency X _____

*Agency Authority: _____

*Title of Agency Authority: _____

*The Agency Authority is the person responsible for signing **legal** contracts. This form does not need a signature.

The SON DNP Program will utilize the proposed agency for approximately 90-225 clock hours to meet the requirements of clinical courses.