



UNC
SCHOOL OF NURSING

Undergraduate Studies

Request for Use of New Clinical Site

Contact information:

Name of person making the request: _____

Phone: () - Pager: () - Other: () -

Date of request: _____

Date student placement to begin: _____

Course for which the clinical request is being made: _____

Course coordinator: _____

Clinical Site/Agency Name: _____

Unit(s) within the Site/Agency requested: _____

Contact information for the agency:

Name of person(s) with whom you talked: _____

Title(s): _____

Address of agency: _____

City: _____ St: _____ Zip: _____

Phone: () - Fax: () - Email: _____

Briefly describe your interaction with the agency about student placement at the site.

Briefly describe how you wish to use the site for student learning:

Will student clinical type be traditional (on-site clinical faculty providing supervision), precepted (agency staff as clinical teachers), or observational (combined faculty-agency supervision) ?

How long will the experience last for each student (e.g. few hours, one day, several days or weeks, etc.)

How many students will be at the site each day? _____

Additional Information for Undergraduate Studies Office to obtain:

CEO, full contact information:

Name: _____

Address1: _____

Address2: _____

City: _____ ST: _____ Zip: _____

Other SON's using the site? Yes NO

If YES, who and how?

NC BON Notified? Yes NO

Current contract with the SON? Yes NO

Other notes during phone contact(s):

