

UNDERGRADUATE CLINICAL ASSIGNMENTS-PRECEPTED

Year: Semester: Course Number: Beginning Date: End Date:
 Course Coordinator: Clinical Faculty (Instructor):
 Agency (Clinical Site or County, if Public Health): City/Address (Location):
 Total Hours: Days: Time: Rotation #: Section #:
 Notes:

	Agency/Location	Practice Site or Unit	Student Full Name Email/Phone	PreceptorName/Credentials (Verified by Preceptor) Email/Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Complete "Preceptor Name/Credentials/Email/Phone" the 1st week of each rotation. *It is critical that name spelling and credentials are correct. Please submit all changes on this form, which is located at <http://nursing.unc.edu/departments/undergrad/facultyinfo.html>.*

Undergraduate Clinical Site Coordinator: Jane Barlow (jbarlow@email.unc.edu) Phone: (919)843-8574 Fax: (919)843-6212 Revised 5/12/08-jhb