

**The University of Texas at El Paso**  
**School of Nursing**  
**Graduate Program**  
**MSN Student Clinical Site Request**

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's program of study (circle):    AGACNP            PNP-PC            PNP-AC            FNP

Semester for this clinical site: Fall 20\_\_\_\_\_    Spring 20\_\_\_\_\_    Summer 20\_\_\_\_\_

**For hospitals, clinics, offices, other agencies, and/or preceptors we need the following information:**

**NAME OF FACILITY /PRACTICE/AGENCY:**

\_\_\_\_\_

Type of site (e.g., rural clinic, private practice, public health):

\_\_\_\_\_

Characteristics of patients (e.g., gender, age, ethnicity):

\_\_\_\_\_

Experiences available (e.g., acute, chronic, in-hospital):

\_\_\_\_\_

Facility/practice/agency physical address (including city, state, zip code):

\_\_\_\_\_

Mailing address (if different from physical);

\_\_\_\_\_

Facility/practice/agency phone number (including area code): \_\_\_\_\_

Fax number (including area code): \_\_\_\_\_

**Preceptor's Name:** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_

Title of contact person: \_\_\_\_\_

Contact's phone number (including area code, extension): \_\_\_\_\_

Contact's fax number (including area code): \_\_\_\_\_

Contact's email address: \_\_\_\_\_

AA#: \_\_\_\_\_ (from ORSP UTEP site if available)

Approved by NP Director:    Yes    No    Initial: \_\_\_\_\_    Date: \_\_\_\_\_