

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

Students Name: _____ Date: _____

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

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 Administrative contact person for the facility: _____

Title of contact person for the facility: _____

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

Contact's fax number (including area code): _____

Contact's email address: _____

Approved by NP Director: Yes No Initial: _____ Date: _____