Governors State University

Clinical Site Application for MSN or DNP clinical courses

INSTRUCTIONS: *Please complete this form to request a clinical site for any clinical courses, every semester.*

(SECTION TO BE COMPLETED BY STUDENT)

NAME: _____ **ID#** _____ **DATE:** _____

SELECT CONCENTRATION: ☐ FNP ☐ CNS ☐ NEIL ☐ DNP

LIST COURSE(S) FOR WHICH YOU ARE REQUESTING AUTHORIZATION:

_____

WHICH TERM ARE YOU REQUESTING AUTHORIZATION: Spring 2022 ☐ Summer 2022 ☐ Fall 2022 ☐

EXPECTED YEAR AND TERM OF GRADUATION: _____

(SECTION TO BE COMPLETED BY STUDENT)

NAME OF CLINICAL SITE: _____

ADDRESS OF CLINICAL SITE (***include city, state, and zip code***): _____

_____

PHONE # OF CLINICAL SITE: _____ **EMAIL OF CLINICAL SITE:** _____

NAME OF PRECEPTOR AND CREDENTIALS:_____

CONTACT PERSON(s) NAME: _____

PHONE # OF CONTACT: _____ **EMAIL OF CONTACT:** _____

_____

(SECTION TO BE COMPLETED BY DIRECTOR OF CLINICAL EDUCATION)

Academic Advisor authorized student to register for Clinical Courses: YES ____ NO _____

COMMENTS/ DENIAL REASON (if applicable): _____

APPROVED: _____ DENIED: _____ DATE: _____

COMMENTS/ DENIAL REASON *(if applicable)*: _____

REQUEST AN AFFLIATION AGREEMENT: _____