

## Clinical Agency Contract Request Form Graduate Program

This form must be completed by the graduate student requesting a clinical placement in an agency that wishes to have a contract for student placement and does not have a current clinical placement contract with the Ohio University School of Nursing. The completed form is to be returned to the Graduate Clinical Coordinator via fax 740-593-0286 or email: msn@ohio.edu.

The contract will be mailed from the Ohio University College of Health Sciences Legal Affairs Office to the agency when the completed form is received. **ALL** requested information must be provided before a contract will be sent to the agency.

Date form is completed: \_\_\_\_\_ Graduate Clinical Coordinator received \_\_\_\_\_

Name of Student Requesting Placement in the Agency: \_\_\_\_\_

Student Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name and Number for which Placement is Requested: \_\_\_\_\_

Term for which Placement is Requested:

Fall Semester of \_\_\_\_\_ Spring Semester of \_\_\_\_\_ Summer Semester of \_\_\_\_\_

**Name of Clinical Site**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**NAME and TITLE of Agency Official authorized to Sign the Agreement**

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**NAME and TITLE of Preceptor(s)**

\_\_\_\_\_

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