

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)
