

**UNIVERSITY OF KENTUCKY COLLEGE OF NURSING
CLINICAL EDUCATION AGREEMENT REQUEST**

Instructions:

Faculty are required to complete this request form to initiate student clinical placements in an agency where UK College of Nursing students have not been placed in the past. This request form:

- documents the pre-placement evaluation and student placement planning completed by faculty and agency personnel
- provides organizational information to the College for contractual and reporting purposes

Submit this form to:

- Graduate Programs: Kendall Smitley.kendall.smitley@uky.edu
Clinical Placement Coordinator MSN and DNP Studies Office-859-323-0275
- Undergraduate Programs: Wilma Maloney wilma.maloney@uky.edu
Clinical Placement Coordinator Undergraduate Studies

I. Identifying Information

Legal Name of Agency _____

Full Address _____

County _____

Contact person _____

Email address _____

Telephone _____

Signatory authority for _____
contracting agency

Title _____

Name and email of Preceptor _____

Credentials/area of certification (e.g. MD, APRN, FNP, PNP, ACNP) and years in practice _____

II. Type of Facility (Hospital, Clinic, Long Term Care, Public Health, Private Practice) and accrediting body of the facility if applicable: _____

III. Number of students that can be accommodated at one time?

Per agency:____Per unit: ____

IV. How many students do you plan to place in the agency/ unit?

Graduate:____ Undergraduate: ____

If Graduate, which track? _____

V. Appropriate Approval/ Accrediting Body_____

Year Approved____Year Accredited____Next Review Anticipated____

Requesting Faculty: _____

Date: _____

Course Title/ Number: _____

Semester: _____

Start Date for Clinical: _____

Approved: _____

(Requesting Faculty Signature)