

**MOLLOY COLLEGE  
BARBARA H. HAGAN SCHOOL OF NURSING AND HEALTH SCIENCES  
GRADUATE APRN PROGRAMS**

**Preceptor/Clinical Placement Application**

Prior to the start of a clinical assignment, the student and Program Coordinator must complete this application. A placement application is required for each site, each semester. **All student medical documents must be current when submitting this application.**

**Student Completes**

**Course #/Section:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Faculty Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

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

**Molloy Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Department** \_\_\_\_\_

**Program Coordinator Completes**

**Preceptor Full Name, Credentials:** \_\_\_\_\_

**Preceptor Phone:** \_\_\_\_\_ **Preceptor Email:** \_\_\_\_\_

**Clinical Coordinator at Facility:** \_\_\_\_\_  
(FULL NAME AND CREDENTIALS)

**Facility Coordinator Email:** \_\_\_\_\_

**Clinical Facility Name:** \_\_\_\_\_

**Practice Description:** \_\_\_\_\_

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

**Phone and FAX number:** \_\_\_\_\_

Placement setting and clinical preceptor are appropriate to meet course practicum objectives for this student. Preceptor understands the course/practicum requirements and expectations, including faculty visitation/evaluation during the student's experience.

Placement is **APPROVED**: (Date) \_\_\_\_\_ (Signature) \_\_\_\_\_

**Note: Faculty for the course will advise student of clearance to begin clinical experience.**