

**MOLLOY COLLEGE
THE BARBARA H. HAGAN SCHOOL OF NURSING
GRADUATE PROGRAM**

Preceptor/Clinical Placement Information

Instructions: This form is to be completed by the student and Track Coordinator for all clinical placements in conjunction with the Graduate Nursing Program prior to start of the clinical assignment. A Clinical Placement form must be processed for each site, each semester. **All student medical documents must be current prior to start of clinical experience.** This form must be forwarded to the Barbara H. Hagan School of Nursing Room 305, prior to the dates indicated below:

1st week of June for Fall Semester

1st week of October for Spring Semester

1st week of April for Summer Semester (when courses are offered)

Student Completes

Course #: _____ Date: _____

Semester: _____ Faculty Name: _____

Student Name: _____ ID #: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Department _____

Coordinator of Track Completes

Preceptor Name, Title: _____

(Please provide full name and proper title)

Preceptor Phone and E-Mail: _____

Clinical Coordinator at Facility: _____

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.