

NURSING DEPARTMENT CLINIC EDUCATION INFORMATION:

1. Legal name of facility:

2. Name(s) of all sites/facilities (i.e. hospitals, clinics, urgent care, etc.)***:

3. Address(es) of all sites/facilities (i.e. hospitals, clinics, urgent care, etc.)***:

4. Address for Written notice of site/facilities modification(s), renewal(s) or termination:

City			State	Zip
5. Term of Agreement: & Insurance Cert. required	3 years	5 years	Certificate of Insurance Yes	No

6. Name and Title of facility's authorized signatory:

Name

Title

7. Secondary facility's contact information:

Name

Title

Email address

Telephone

Ext.

Fax number

Student placement contact:

Name

Title

Email address

Telephone

Ext.

Fax number

Name and Address of where to send agreement for full execution:

***** IF MORE THAN 3 SITES ARE AVAILABLE WITH FACILITIES ON ITEMS #2, #3, AND #4 PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET *****