Clinical Placement Form NURS405:Senior Seminar/Practicum

Student's Name:		Phone Number:				
Cohort #:	Course Dates:	Instructor:				
Clinical Agency Name:						
Agency Address:						
Preceptor's Name:		Preceptor's Title:				
Credentials (MSN, CR	NP, or Ph.D. required):	Specialty Area:				
Preceptor's Email:		Preceptor's Phone				
Name, title and credentials of other parties required for approval (nurse manager, site coordinator, nurse educator)						

Name:____

_____ Title & Credentials:_____

Required information and documents

Document	Notes	Directions	Office Use Only:
Practicum Objectives	See Guidelines for Clinical Placement and Seminar	Attach separate sheet(s)	
Site Coordinator CV		Attach copy	
Current PA-RN License		Should be on file	
Liability Ins. Summary Page	Mandatory \$1million/\$6million www.nso.com	Attach copy	
BLS for healthcare providers	ARC & AHA	Attach copy	
Personal health insurance	Copy of front/back of card	Attach copy	
Eastern University Health Clearance	*	Attach completed form	
Criminal Background Check	**	Attach form	
Signed HIPAA form		Should be on file	
Child Abuse Clearance	***	Attach form	
FBI Clearance	**** if required	Attach form	

*http://www.eastern.edu/centers/health_center/forms/health_history_physical.pdf

**https://epatch.state.pa.us/Home.jsp

***http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf

****https://www.pa.cogentid.com/index_dpw.htm

Please note: Some clinical sites have additional requirements, such as flu shots. Please speak with your preceptor, nurse educator or site manager to determine if there are additional requirements.

Submit all required information and docum	nents to:		
Allie Levitt, Special Projects Manager Eastern University's Department. of Nursir	n		
1300 Eagle Road, St. Davids, PA 19087 E	0	du Ph·(610)341	-5897 Fax:(610)225-5016
		<u>uu</u> + 11.(010)011	
Independent Practicum Clearance authoriz	zed:Yes	No	

Received: ______ Approved: _____