

RN-BSN STUDENT CLINICAL SITE SHEET

NURS 4450 Public Health Nursing

STUDENT INSTRUCTIONS

1. Be sure and read the informational sheet (*RN-BSN Community Experience Site Information and List*) and listen to the Panopto presentation (*RN-BSN NURS4450 Course Overview*) to help with choosing your clinical site.
2. Please send Shelby Tibuni stibuni@uccs.edu an email regarding which clinical site you are working to verify if we have an existing contract. If we have a current contract with your site then you won't have to fill out Section 4.
3. If you are considering Silver Key, The Lane Center at UCCS or El Paso County Health Department please contact Dr. Busby at kbusby@uccs.edu for instructions on availability and how to reserve a spot for these sites. No need to fill out Section 4 for these sites.
4. If you would like to use Peak Vista please contact Dr. Busby to discuss. If you decide to go with Peak Vista please fill out the application on their web site: <https://www.peakvista.org/clinical-training/learner-opportunities/student-application> the application takes 24 – 48 hours to process and you will receive a notice that your application has been received.
5. Determine your clinical site and mentor information for Sections 3 and 4. If you have any questions about your clinical requirements, please contact Dr. Katie Busby at kbusby@uccs.edu (719) 255-4221 or Shelby Tibuni at stibuni@uccs.edu (719) 255-4469
6. Although you have a deadline to have this form turned in, **you will be notified via email when this work is done and will get an approval to begin your hours.** No hours can be done without a fully executed agreement in place.
7. **Begin this process EARLY and note all due dates!**

Section 1: Student Information

Date: _____

Name: _____

Address of Residence: _____

Student Phone #: _____

UCCS email address: _____

Semester this site is for: ☐ Summer ☐ Fall ☐ Spring Year _____

Section 2: Release of Information

I consent to the release of FERPA-protected information by UCCS to any affiliate for the purposes of securing my clinical placement.

Student Signature

Date

Section 3: Clinical Site Information

Name and Title of Mentor: _____

Complete Practice Name: _____

Is this practice owned, operated, or controlled by a larger organization? Yes ☐ No ☐

If yes, name of that organization: _____

Complete Practice Address: _____

Practice Phone Number: _____

Section 4: Who has the Legal Authority to Sign a Clinical Education Agreement (A Legal Contract) for the Practice

This is most likely not your mentor, find out who it is!

Full name and Title: _____

Phone Number: _____

Email address: _____