

RN-BSN STUDENT CLINICAL SITE SHEET
NURS 4450 Public Health Nursing

STUDENT

1. Be sure and read Dr. Scott's informational sheet and listen to her PowerPoint to help with choosing your clinical site.
2. Please send me imatthie@uccs.edu an email regarding which clinical site you are working with and I can 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. Scott jmarti28@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. Scott 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. Within 20 – 30 days Lynnes Estrada Rivera will notify you regarding your placement.

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

Determine your clinical site for community health and mentor information to fill out sections 3 and 4. If you have any questions about your course clinical requirements please contact Dr. Judy Scott at jmarti28@uccs.edu

Section 3 Clinical Site Information – ASK These questions!

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! **Ask These questions!**

Full name and **Title** of Individual: _____

Phone Number for Individual: _____

Email address of Individual: _____

Although you have a deadline to have this form turned in, it does not mean that immediate work will be done on your placement. You will be notified via email when this work is done (if any is needed) and will get an all clear to begin your hours. No hours can be done without a fully executed agreement in place.