

## **Clinical Facility Agreement Request Form-LPN to RN Online Program**

Please NOTE: This form is NOT an agreement!! This is ONLY the request form needed to begin the proceedings of an actual legal agreement or contract. <u>Each site</u> involved must be in possession of a copy of a fully executed agreement or contract, **BEFORE** the student may begin clinical experiences. This is to be completed by the student not the requested facility.

	Course Number:	Course T	by the student, r tle:		•
Semester (Circle): Fall _	Spring		Year:		
*** Please Print	Legibly. Incompl	ete or Illegible for	ns will <i>signific</i>	<i>antly</i> delay	process. ***
tudent: First Name:		Las	st Name:		
One:Circle one: Home Cell Wor	Student I	D #	ACM Email:		
ident Availability: (check	call that apply):	MT	WTF\$	SS_ Shift:	DayEveNight
ease note that this is a pref	erence and may not b	e able to be met. Night	shift must have pr	ior approval be	fore beginning hours.*
inical Agency Information	on:				
gal Name of Facility- NOT Ini	tials				
eet		City		State	Zip
one Number (incl. area code)			Fax Number_		
cility Contact Person			Title		
siness email address of Conta	act Person		ı	Phone Number	
When a facility is owned bompany rather than the indi	y a parent company, t ividual facility. Therei	the Agency Agreement fore, this information is	s <u>critical</u> in order to	cate the name complete you	r request.
When a facility is owned by	y a parent company, t ividual facility. Therei ompany? YES NO	the Agency Agreement fore, this information is	Contract must indi critical in order to	cate the name complete you g information or	r request.
When a facility is owned by impany rather than the indiffacility owned by a Parent C	y a parent company, i ividual facility. Therei iompany? YES NO	the Agency Agreement fore, this information is	Contract must indi c <u>critical</u> in order to ES, provide followin	cate the name complete your g information or rent Company	r request.
When a facility is owned by mpany rather than the indifferential facility owned by a Parent C I Legal Name of Parent Company	y a parent company, of ividual facility. Thereif company? YES NO my	the Agency Agreement fore, this information is UNKNOWN If Y	Contract must indicate critical in order to ES, provide followin  Street Address of Pa	cate the name complete your g information or rent Company Phone	Parent Company:
When a facility is owned by the indicate of th	y a parent company, of ividual facility. Therefore to pany? YES NO my  State	the Agency Agreement fore, this information is UNKNOWN If Y	Contract must indictions of the contract must indiction of the contract must indiction of the contract must indiction of the contract must must be contract must indiction of the contract must be contracted in the contracted in the contracted must be contracted in the	cate the name complete your g information or rent Company Phone	e w/area code
When a facility is owned by impany rather than the indifferent owned by a Parent Company of Parent Company of Parent Company of Contact Person at Parent student presently employed	y a parent company, ividual facility. Thereformpany? YES NO  NO  State t Company  d at this facility? YES	the Agency Agreement fore, this information is UNKNOWN If Y  Zip Code  NO * If Yes, Name	Contract must indiction of the second of the	cate the name complete your g information or rent Company Phone Title pervisor:	e w/area code
When a facility is owned by ampany rather than the indiffacility owned by a Parent Company of Parent Parent Student presently employed and Parent Pare	spanent company, a parent company, a parent company, a parent company, a parent company? YES NO ny  State to Company  d at this facility? YES  sponsible for identifuring courses and a the following form Agency Agreement Renet & *Clinical Prece I may not begin my on agreement with	the Agency Agreement fore, this information is UNKNOWN If Y  Zip Code  NO * If Yes, Name  fying a clinical agency failure to do so will rest to the LPN-RN data equest Form ~ Cle ptor Professional Profile of clinical hours until a the clinical site is in	Contract must indicated in order to ES, provide followin Street Address of Paragraph are of Immediate Survey site and a clinical and a clinical Preceptor Receiver CV (preceptor sure all forms have be place; the preceptor the ES.	cate the name complete your g information or rent Company  Phone Title  pervisor:  cal preceptor e of my seat i eks prior to thoust Form omits- student en submitted otor and nurs	to meet the course n the program. I se start of each clinical ascertain item submitted to the Department of e manager forms are
When a facility is owned by ampany rather than the indifferent facility owned by a Parent Company owned by a Parent Company owned facility owned by a Parent Company owne of Contact Person at Parent student presently employed understand that I am resquirements of clinical numberstand I must submit	spanent company, a parent company, a parent company, a parent company, a parent company? YES NO ny  State to Company  d at this facility? YES  sponsible for identifuring courses and a the following form Agency Agreement Renet & *Clinical Prece I may not begin my on agreement with	the Agency Agreement fore, this information is UNKNOWN If Y  Zip Code  NO * If Yes, Name  fying a clinical agency failure to do so will rest to the LPN-RN data equest Form ~ Cle ptor Professional Profile of clinical hours until a the clinical site is in	Contract must indicated in order to ES, provide followin Street Address of Paragraph are of Immediate Survey site and a clinical and a clinical Preceptor Receiver CV (preceptor sure all forms have be place; the preceptor the ES.	cate the name complete your ginformation or arent Company  Phone Title  pervisor:  cal preceptor e of my seat in the dest Form benits - student en submitted of or and nursepproval to be	to meet the course n the program. I se start of each clinical ascertain item submitted to the Department of e manager forms are
When a facility is owned by appany rather than the indiffacility owned by a Parent Company of Parent Par	sponsible for identifursing courses and state following form Agency Agreement Renert & *Clinical Prece I may not begin my on agreement with ceptor has been apprinted to the property of the sponsible for identifursing courses and state following form Agency Agreement Renert & *Clinical Prece I may not begin my on agreement with ceptor has been apprinted to the property of the sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is sponsible for identification in the sponsible for identification is spon	The Agency Agreement fore, this information is UNKNOWN If Y  Zip Code  NO * If Yes, Name of the LPN-RN data equest Form Code or clinical hours until a the clinical site is in proved; and I have be	Contract must indice critical in order to ES, provide followin Street Address of Paragraph and a clinical preceptor Receptor Receptor Receptor Survey (preceptor survey) (Preceptor surv	cate the name complete your ginformation or arent Company  Phone Title  pervisor:  cal preceptor of my seat in the season of my seat in the company  price of my seat in the season of t	to meet the course n the program. I ne start of each clinical ascertain item submitted to the Department of e manager forms are gin my clinical hours.

Contract (circle) Approved / Denied Date: \_

Approve/Filed Date: \_\_\_\_\_

Review Date:\_\_

Faculty Signature: \_\_\_\_
Faculty Signature: \_\_\_\_

\_Date Sent to Agency\_

if No\_