



The UNIVERSITY of OKLAHOMA
Health Sciences Center
Fran and Earl Ziegler College of Nursing

CLINICAL SITE INFO FORM
CNS PROGRAM

COURSE NAME		SEMESTER	
CLINICAL SITE			
SITE ADDRESS			
SITE CITY		SITE ZIP	
SITE PHONE			
PRECEPTOR NAME & CREDENTIALS			
SPECIALTY			
PRECEPTOR EMAIL			
CONTRACT IN PLACE? Yes	<input type="checkbox"/>	<u>If a contract is not in place, do NOT fill out this form yet !</u>	

STUDENT NAME	
STUDENT CELL	
OUHSC EMAIL	

EDUCATION/CERTIFICATIONS OF PRECEPTOR

INSTITUTION	Degree/Certification	Year Obtained
PRECEPTOR LICENSE #		
# OF YEARS IN SPECIALTY		

1. Save the completed form to your computer.
2. Email the completed form to Mary-White@ouhsc.edu.