



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

**CLINICAL ROTATION INFO FORM  
 CNS PROGRAM**

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

<b>STUDENT NAME</b>	
<b>STUDENT CELL</b>	
<b>OUHSC EMAIL</b>	

**EDUCATION/CERTIFICATIONS OF PRECEPTOR**

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

1. Save the completed form to your computer.
2. Email the completed form to [CON-AcademicAffairs@ouhsc.edu](mailto:CON-AcademicAffairs@ouhsc.edu).