

### **Clinical Contracts & Preceptor Database**

Ms. Ramona Pierce is the contact person in the College of Nursing for processing new clinical agency contracts. You must first check with Ms. Ramona Pierce to see if your chosen clinical agency has an existing current contract with the University of Tennessee College of Nursing. If a new contract is needed, all potential clinical sites must be approved by your major faculty advisor prior to initiating a contract between the University of Tennessee and the clinical site/agency. A request to initiate a clinical contract for a new clinical site must include the student's name and must be signed by the student's faculty advisor.

Ms. Pierce must receive the attached form that includes the essential information related to the clinical site and identified clinical preceptor at that site. The attached paperwork must be completed and returned to the address below to initiate the contract process (this initial information does not constitute a completed contract between agencies). A student may not begin a rotation at a clinical site until a contract is completed between the University and the site.

**Please note:** Contract approvals can take **6-8 weeks** (*or longer*). Contracts must be initiated as soon as a site is identified and approved by the student's advisor.

You are the essential link to see that all pertinent information related to your clinical agency and preceptor is received by the College of Nursing to initiate the contract process **before** your clinical experience begins.

Return forms via traditional mail or e-mail to:

Ramona Pierce  
Senior Administrative Services Assistant  
UTHSC College of Nursing  
877 Madison Avenue, Room 636  
Memphis, TN 38163  
901-448-6140 Office  
901-448-1576 Fax  
[rpierce5@utmem.edu](mailto:rpierce5@utmem.edu)

# Clinical Sites

## SITE DEMOGRAPHIC INFORMATION

Clinical Site:  Work Phone:   
Name of Contact Person:  Work Extension:   
E-Mail Address:   
Address:   
City:  State:  Postal Code:   
Website:

## CONTRACT MAILED TO:

First Name:  Work Phone:   
Last Name:  Work Extension:   
Title:  Fax Number:   
Address:   
City:  Current Clinical Contract  
with UTHSC on file?  Yes;  No  
State:  Initial Contract Date:   
Postal Code:  Renewal Date:

## SITE CHARACTERISTICS (Check All that Apply)

- Community/Home Care (hospice, assisted living)
- Government Agency (law enforcement, military)
- Long Term Care
- Primary Care (family practice, pediatrics, etc.)
- Private Practice
- Psychiatric
- Public Health
- Specialty Care (neurology, cardiology, etc.)
- Tertiary Care (hospital)
- Other

### Experiences Available:

- Acute       In-hospital
- Chronic       Outpatient
- Primary Care

**PATIENT CHARACTERISTICS (Check All that Apply)**

**Gender:**

- Female:       Male

**Age Group(s):**

- Newborn/Infants (birth to 1 year)  
 Pediatrics (> 1 year to < 18 years)  
 Adults (18 years to 65 years)  
 Older Adults (> 65 years)

**Ethnicity/Race:**

- American Indian/Eskimo Aleut  
 Asian/Pacific Islander  
 Black  
 Latino  
 White

# Preceptor Information

---

First Name:	<input type="text"/>	Practice/Clinical Site:	<input type="text"/>
Last Name:	<input type="text"/>	Address:	<input type="text"/>
Title:	<input type="text"/>	City:	<input type="text"/>
Work Phone:	<input type="text"/>	State:	<input type="text"/>
Cell Phone:	<input type="text"/>	Postal Code:	<input type="text"/>
E-mail address:	<input type="text"/>		

---

## PRECEPTOR DEGREE INFORMATION (Check All that Apply)

### Type of Degrees:

- |                                   |                              |                                 |
|-----------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> BS/BA)   | <input type="checkbox"/> DO  | <input type="checkbox"/> MS/MSN |
| <input type="checkbox"/> BSN      | <input type="checkbox"/> JD  | <input type="checkbox"/> ND     |
| <input type="checkbox"/> DNSc/DNP | <input type="checkbox"/> MA  | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> DrPH     | <input type="checkbox"/> MBA | <input type="checkbox"/> PhD    |
| <input type="checkbox"/> EdD      | <input type="checkbox"/> MD  |                                 |
- 

## PRECEPTOR PRACTICE INFORMATION (Check All that Apply)

### Practice Area:

- |                                |   |                                  |
|--------------------------------|---|----------------------------------|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Primary |
|--------------------------------|---|----------------------------------|

### Practice Specialty:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Acute Care      | <input type="checkbox"/> Administration | <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Anesthesia        |
| <input type="checkbox"/> Cardiology      | <input type="checkbox"/> Critical Care  | <input type="checkbox"/> Dermatology        | <input type="checkbox"/> Emergency         |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Forensics      | <input type="checkbox"/> Gerontology        | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Neonatal        | <input type="checkbox"/> OB/GYN         | <input type="checkbox"/> Ophthalmology      | <input type="checkbox"/> Orthopedics       |
| <input type="checkbox"/> Otolaryngology  | <input type="checkbox"/> Pediatrics     | <input type="checkbox"/> Psychiatric        | <input type="checkbox"/> Public Health     |
| <input type="checkbox"/> Surgery         | <input type="checkbox"/> Trauma         | <input type="checkbox"/> Other:             | <input type="text"/>                       |

**Preceptor Information (cont.)**

---

**PRECEPTOR LICENSE INFORMATION:**

Type of License:	<input type="text"/>	State License Issued:	<input type="text"/>
License #:	<input type="text"/>	Expiration Date:	<input type="text"/>
Type of License:	<input type="text"/>	State License Issued:	<input type="text"/>
License #:	<input type="text"/>	Expiration Date:	<input type="text"/>
Type of License:	<input type="text"/>	State License Issued:	<input type="text"/>
License #:	<input type="text"/>	Expiration Date:	<input type="text"/>

---

**PRECEPTOR CERTIFICATION INFORMATION (Check All that Apply)**

**Nurse Certification Specialty :**

<input type="checkbox"/> ACNP – Acute & Critical Nurse Practitioner	<input type="checkbox"/> ANP – Adult Nurse Practitioner	<input type="checkbox"/> CNAA – Certified Nursing Admin Advanced	<input type="checkbox"/> CNS – Clinical Nurse Specialist
<input type="checkbox"/> CRNA – Certified Registered Nurse Anesthetist	<input type="checkbox"/> FNP – Family Nurse Practitioner	<input type="checkbox"/> GNP – Gerontological Nurse Practitioner	<input type="checkbox"/> NNP – Neonatal Nurse Practitioner
<input type="checkbox"/> PMH – Psychiatric Mental Health	<input type="checkbox"/> PNP – Pediatric Nurse Practitioner	<input type="checkbox"/> SANE-A – Sexual Assault Nurse Examiner	<input type="checkbox"/> CNL -
<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Other: <input type="text"/>		

**Physician Board Certification:**

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Emergency	<input type="checkbox"/> Family Practice
<input type="checkbox"/> Forensics	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neonatal
<input type="checkbox"/> Neurology	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Public Health
<input type="checkbox"/> Surgery	<input type="checkbox"/> Trauma	<input type="checkbox"/> Other: <input type="text"/>	

**Pharmacist Board Certification:**

<input type="checkbox"/> Nuclear	<input type="checkbox"/> Nutrition Support	<input type="checkbox"/> Oncology	<input type="checkbox"/> Pharmacotherapy
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Other: <input type="text"/>		

**Preceptor Information (cont.)**

---

**Other Provider Certification:**

Other:

Other:

**Current Certification #1:**

Expiration Date:

Years in Specialty Area:

- 1 to 5 years     6-to 10 years     11 to 15 years     16 to 20 years     Over 20 years

**Current Certification #2:**

Expiration Date:

Years in Specialty Area:

- 1 to 5 years     6-to 10 years     11 to 15 years     16 to 20 years     Over 20 years

**Current Certification #3:**

Expiration Date:

Years in Specialty Area:

- 1 to 5 years     6-to 10 years     11 to 15 years     16 to 20 years     Over 20 years

**Current Certification #4:**

Expiration Date:

Years in Specialty Area:

- 1 to 5 years     6-to 10 years     11 to 15 years     16 to 20 years     Over 20 years

**Certifying Body (Check All that Apply):**

AANP – American Academy of Nurse Practitioners     ABMS – American Board of Medical Specialties     AHNCC – American Holistic Nurses Cert. Corp.

ANCC – American Nurses Credentialing Cntr     BPS – Board of Pharm Specialties     Council on Certification of Nurse Anesthetists

NCC – National Certification Corporation     NAPNAP – National Association of Pediatric Nurse Practitioners

NPD – Nuclear Pharmacy Board

Other:

Other:

***Preceptor Information (cont.)***

---

**Number of Students Precepted Concurrently with UTHSC Students (This includes all students, not just UTHSC students and not just nursing students.)**

Number of Students Precepted Currently:

Summer/Fall Term       Winter/Spring Term

**Current UTHSC Students:**

Student's Name:       Term:

Degree Program:

Major Advisor:       Expected Date of Graduation:

Advanced Practice Program:

FNP       Acute Care       Neonatal

Forensic       Public Health       Psych

Student's Name:       Term:

Degree Program:

Major Advisor:       Expected Date of Graduation:

Advanced Practice Program:

FNP       Acute Care       Neonatal

Forensic       Public Health       Psych

Student's Name:       Term:

Degree Program:

Major Advisor:       Expected Date of Graduation:

Advanced Practice Program:

FNP       Acute Care       Neonatal

Forensic       Public Health       Psych