Student Clinical Cohort: AY XX-XX(January 20XX – May 20XX)

**Clinical Placements XXNP Program**
**The table below should be completed and emailed *as a Word doc attachment t*o respective Graduate Track Director &** **MS-Programs-Coordinator@uconn.edu**

**Name:**  2. State of Residence:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Contact Info:** **Address:** **Phone:**   | **Spring 20XX** **NURS 5409** **3 credits = 240 hours**  | **Fall 20XX** **NURS 5419/39** **3 credits = 240 hours**  | **Spring 20XX** **NURS 5429/49** **3 credits = 240 hours**  |
| **#1Name and mailing address of institution (please be very specific)**  |   |   |   |
| **Preceptor name and credentials:**  **Days/week**  |   |   |   |
| **Preceptor contact information**  | **Email:** **Phone number:**  | **Email:** **Phone number:**  | **Email:** **Phone number:**  |
| **Name and credentials of affiliation contract person:**  |   |   |   |
| **Affiliation contract person contact information:**  | **Email:** **Phone number:**  | **Email:** **Phone number:**  | **Email:** **Phone number:**  |
| **#2Name and mailing address of institution (please be very specific)** |  |  |  |
| **Preceptor name and credentials:  Days/week** |  |  |  |
| **Preceptor contact information** | **Email:** **Phone number:**  | **Email:** **Phone number:**  | **Email:** **Phone number:**  |
| **Name and credentials of affiliation contract person:** |  |  |  |
| **Affiliation contract person contact information:** | **Email:** **Phone number:**  | **Email:** **Phone number:**  | **Email:** **Phone number:**  |