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**](mailto: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** |
| **#1 Name 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:** |
| **#2 Name 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:** |