

SON Graduate Placement Form Worksheet

Use this document as a worksheet to gather the necessary information before entering your plans into the Graduate Placement Form.

Year in which you will complete your FINAL semester of clinicals

State(s) where you plan to complete clinicals

State(s) where you will be licensed at the time of clinicals

Placements for each semester: Complete all details for each site-preceptor combination. Please copy and paste email addresses from digital sources, instead of re-typing them.

One preceptor at one site = one placement.

One preceptor at one site, who is employed by a separate entity from the physical site = two placements.

One preceptor who will take you to two separate physical sites = two placements.

Two preceptors at two different sites = two placements.

Two preceptors at the same physical site = two placements.

What is your placement status for this semester of clinicals?

- I have planned my placement(s) for the semester
- I have planned placements to cover some of the required hours and need help with the rest
- I have not been able to secure any placements for this semester and need help finding a placement

When will you attend this semester of clinicals? (Semester)

- Spring
- Summer
- Fall

When will you attend this semester of clinicals (Year)

For each placement:

What is this placement's relationship to any previous placement submissions for the semester?

- This is my first submission for this semester
- Completely separate placement, no relationship
- Same physical site, different preceptor
- Same preceptor, different physical site
- Same preceptor who is employed by one entity but we will be physically at another entity or entities

How many hours do you intend to complete at this placement?

- All or nearly all of my hours for this semester (240 for most semesters OR 160 for NNP summer)
- Half my hours for this semester (120 hours OR one day a week OR both days for seven weeks)
- One quarter of my hours for this semester (60 hours OR 1/2 day per week OR one day a week for seven weeks)
- A small number of hours in addition to my main placement(s)
- I do not know yet how my hours will be split

Name of site/facility

Name/type of unit (e.g. ICU, Primary Care, NICU, Gastroenterology, etc.)

Site Address

Site City

Site State

Site Zip

Are you an employee of this site?

- Yes
- No

If YES, what is your employee number?

Is this site part of a larger organization? (e.g. HHC, Trinity, YNHH, etc.)

- Yes
- No

If YES, what is the larger organization?

Does this site or its parent organization appear on the [current contract status report](#)?

- Yes
- No

Have you ever had clearance (such as EMR or badge access) at this site before in any capacity (such as student or employee)?

- Yes
- No

Preceptor's First Name

Preceptor's Last Name

Preceptor's license

- APRN
- MD
- DO
- PA
- RN

Preceptor's population/track

- AGAC
- AGPC
- FNP
- NNP
- Family Practice
- Internal Medicine
- NE
- NA/L
- Hospitalist
- Intensivist
- Pediatric
- Women's Health

Preceptor's APRN Certification

- AGAC
- AGPC
- FNP
- NNP
- PNP Acute
- PNP Primary
- Women's Health
- Certified Nurse Midwife
- Certified Nurse Anesthetist (CRNA)
- This preceptor is not an APRN

Preceptor's email address

Preceptor's preferred salutation (Dr. Jones, Ms. Chen, Susan, etc.)

Has the preceptor agreed to the placement?

- Yes
- No

Please upload the preceptor's resume here

Please upload a copy of the preceptor's license here

If the preceptor is an NP or PA, please upload a copy of their board certification here

Name of the person who handles contract/affiliation agreements at this site

Contract/affiliation person's email address

Contract/affiliation person's phone number

Name of the person who handles student placements (student placement coordinator) at this site

Student placement coordinator's email address

Has the student placement coordinator approved this placement?

- Yes
- No

Name of the person who handles student onboarding (onboarding specialist) at this site (if separate from the placement coordinator)

Onboarding specialist's email address

Is there a placement request form or portal for this site?

- Yes
- No

Please paste the link to the form or portal here

Who must submit the placement request?

Have you submitted a request?

Any other notes or information about this placement

Clinical Partners Request

You will complete this section if you have responded that you need help finding a placement for some or all of your hours for a semester.

AGPC and FNP will complete these questions:

Preferred organization (first choice)

- Community Health Center, Inc.
- Generations
- UConn Health
- Hartford Healthcare
- Department of Veteran's Affairs (VA)
- Department of Corrections

Preferred organization (second choice)

- Community Health Center, Inc.
- Generations
- UConn Health
- Hartford Healthcare
- Department of Veteran's Affairs (VA)
- Department of Corrections

Preferred organization (third choice)

- Community Health Center, Inc.
- Generations
- UConn Health
- Hartford Healthcare
- Department of Veteran's Affairs (VA)
- Department of Corrections

Please write 3-5 sentences describing why you want to work with the population served by this organization

List the names of preceptor(s) that you know and would specifically like to work with

All tracks submitting a Clinical Partners Request will complete these questions:

What area(s) would you prefer to do your placement in?

- Fairfield County
- Hartford County
- Litchfield County
- Middlesex County
- New Haven County
- New London County
- Tolland County
- Windham County
- I am outside Connecticut