

Student Clinical Site Request

This form must be completed 6 months prior to the start of the rotation.

Completion of this form does not guarantee placement at the site. All clinical placements are assigned by the Director of Clinical Education. Students are not guaranteed any specific clinical placements. A satisfactory evaluation of the site and full execution of affiliation agreements and MOUs are required before students can begin clinical rotations at any site.

Student Name _____ Date _____

Proposed Clinical Site _____

Name of Potential Preceptor _____

Preceptor Credentials Circle one: MD DO PA NP

Preceptor Certifications _____

Preceptor Phone Number _____

Preceptor Email Address _____

Clinical Site Street Address _____

City _____ State _____ Zip _____

Person with authority to sign affiliation agreement _____

Email _____ Phone _____

Office Manager or person who will coordinate scheduling _____

Email _____ Phone _____

Rationale for the request of this clinical site

What relationships, if any, exist between the student and any person employed by this clinical site?

Does the preceptor agree to take at least one UVU PA student per year?

No

Yes