

St. Vincent's Birmingham Nursing School Preceptorship Requests

Name of Nursing School: _____

Semester/Year: _____

Instructor Name: _____

Instructor Phone Office: _____

Instructor Phone Cell: _____

Instructor Email: _____

of Clinical Hours required: _____

Preceptor Credentials required _____

Dates of clinical (start/end): _____

Other requirements/special requests: _____

<u>Student Name:</u>	<u>Top 3 Units Requested</u>	<u>Student Email</u>	<u>Student phone #</u>

NOTE: Prior to first day of clinical experience the following required forms must be completed and turned in for each student and instructor:

1. Schools of Nursing Student and Instructor Receipt Verification/ General Orientation Manual Non Associates & Clinical Affiliations
2. HIPAA Privacy and Security Agreement & Acknowledgement
3. St. Vincent's Health System and Affiliates Corporate Responsibility and Ethical Practices
4. Schools of Nursing Orientation Test
5. Student Information Form