

**FACILITY CONTRACT REQUEST FORM**

**Not all agencies require a full contract for you to participate in clinicals. In lieu of a contract, some agencies are satisfied with a letter of good standing and a copy of our liability insurance which covers you while you are at their facility. It is your responsibility to clarify with the facility IF an agreement is required.**

**Feel free to contact Kari Elbe to verify if an affiliation agreement already exists with your potential agency.**

**If your clinical site requires a full contract with the University in order for you to precept there, YOU- THE STUDENT must complete this form and submit prior to starting the clinical experience.**

**Depending on an array of variables, the contracting period can take anywhere from a couple of weeks to a couple of months.**

**Complete and return to:** Kari Elbe

 Clinical Contract Coordinator

 Saint Louis University School of Nursing

**For clarity, I prefer to receive this form TYPED and submitted via EMAIL to** **Kari.Elbe@slu.edu**

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| --- | --- | --- | --- |
| **Student Name** |  | **Today’s Date** |  |
| **Email address** |  | **Phone number** |  |
| **Specialty Option** |  | **Are you earning a post master’s certificate?** | **Yes No** |
| **Clinical Course** | **NURS:**  | **Course Coordinator** |  |

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| --- | --- |
| **Facility Name** |  |
| **Street address** |  |
| **City, State & Zip** |  |

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| --- | --- | --- | --- |
| **Facility Contact\*** |  | **Contact’s Title** |  |
| **Email Address** |  | **Phone No.** |  |

***Facility Contact is NOT the preceptor. This is the person who will help facilitate a contract at the clinical agency***

|  |  |
| --- | --- |
| **Name of Potential Preceptor** |  |
| **Dates you need this clinical site** |  | **TO** |  |
| **Month/Year** | **Month/Year** |

**This form does not constitute an agreement. This form is used only to gather information from a student to be used to contact a prospective clinical site for an affiliation agreement.**