

**UNIVERSITY OF KENTUCKY COLLEGE OF NURSING  
CLINICAL EDUCATION AGREEMENT REQUEST**

**Instructions:**

Faculty are required to complete this request form to initiate student clinical placements in an agency where UK College of Nursing students have not been placed in the past. This request form:

- documents the pre-placement evaluation and student placement planning completed by faculty and agency personnel
- provides organizational information to the College for contractual and reporting purposes

**Submit this form to:**

- Amy C. DelRe- [amy.delre@uky.edu](mailto:amy.delre@uky.edu) or fax (859-323-1057)  
Office of Clinical Affairs  
Room 315-V, UK College of Nursing

**I. Identifying Information**

Legal Name of Agency \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Contact person \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

Signatory authority for \_\_\_\_\_  
contracting agency

Title \_\_\_\_\_

Name and email of Preceptor \_\_\_\_\_

Credentials/area of certification (e.g. MD, APRN, FNP, PNP, ACNP) and years in practice \_\_\_\_\_

**II. Type of Facility (Hospital, Clinic, Long Term Care, Public Health, Private Practice) and accrediting body of the facility if applicable: \_\_\_\_\_**

**III. Number of students that can be accommodated at one time?**

Per agency:\_\_\_\_Per unit: \_\_\_\_

**IV. How many students do you plan to place in the agency/ unit?**

Graduate:\_\_\_\_ Undergraduate: \_\_\_\_

If Graduate, which track? \_\_\_\_\_

**V. Appropriate Approval/ Accrediting Body\_\_\_\_\_**

Year Approved\_\_\_\_Year Accredited\_\_\_\_Next Review Anticipated\_\_\_\_

**Requesting Faculty:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Course Title/ Number:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Start Date for Clinical:** \_\_\_\_\_

**Approved:** \_\_\_\_\_  
**(Requesting Faculty Signature)**