

Ohio University School of Nursing

**PRECEPTOR or AGENCY REQUEST FOR CONTRACT**

**Directions:** Complete this form and return to the School of Nursing office. All parts of the form must be completed before letters to preceptors and contracts to agencies can be mailed. Incomplete forms will be returned to the student for completion.

**COURSE INFO:** NRSE \_\_\_\_\_ Faculty's Name \_\_\_\_\_

Quarter (circle one): FALL WINTER SPRING SUMMER Year \_\_\_\_\_

**STUDENT INFORMATION:**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**PRECEPTOR INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**AGENCY INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Mail Contract to this person:**

Name \_\_\_\_\_

***Please list the person who is either the Director or Vice-President of Nursing or Patient Services for the whole agency, not just the individual department.***

Title \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

**FACULTY APPROVAL:**

Signature \_\_\_\_\_

Date \_\_\_\_\_