Clinical Experience

Students anticipating their final year of study in the Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP), Adult-Gerontology Nurse Practitioner - Acute (AGNP-Acute), Adult-Gerontology Clinical Nurse Specialist (AGCNS), Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNPC), Nursing Education (NED), or Nursing Management and Leadership (NML) program should begin by reviewing the documents listed below. These documents will assist the student in preparing and understanding the structure of the clinical experience.

A. **Program Information**
   Documentation regarding the USI Graduate Nursing Program accreditation, names and credentials of the clinical faculty that the student can use for seeking a preceptor.

B. **Information About the Clinical Experience**
   This document provides the student with a compilation of answers to the most frequent questions regarding the clinical experience.

C. **Meeting with the Preceptor Checklist**
   Use this checklist to ensure you are ready to meet with the preceptor.

D. **Clinical Roles and Responsibilities**
   This form provides a listing of roles and responsibilities regarding students, preceptors, and faculty in providing clinical education.

E. **The One Minute Preceptor**

F. **Tips for Effective Precepting**

G. **Preceptor Agreement, Site Survey, and Initiation Request for Memorandum of Understanding**
   These forms must be completed by the student and preceptor and submitted per the directions noted in the forms.

   These forms must be completed and submitted to the Graduate Nursing Program prior to beginning the clinical rotations.
Graduate Nursing Program Information

The Masters of Science in Nursing (MSN) degree is designed to prepare nurses who demonstrate advanced practice nursing skills, professional leadership, and foster a research climate in the practice of nursing. The MSN degree offers the Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP), Adult-Gerontology Nurse Practitioner - Acute (AGNP-Acute), Adult-Gerontology Clinical Nurse Specialist (AGCNS), Family Nurse Practitioner (FNP), Nursing Education (NED), and Nursing Management and Leadership (NML) options.

The Commission on Collegiate Nursing Education (CCNE) accredits the University of Southern Indiana Graduate Nursing Program. Accreditation is an indication of public approbation, attesting to the quality of the educational program and the continued commitment of the sponsoring institution to support the program. For further information about the accreditation of the program, please contact the Commission on Collegiate Nursing Education at the following address: One DuPont Circle, NW, Suite 530, Washington, DC, 20036-112, 202.887.6791.

The following faculty members are responsible for the advanced practice clinical courses. Our faculty members are academically prepared as well as credentialed for the area of their specialty. Further information about faculty and the program is online at [http://health.usi.edu](http://health.usi.edu) or by calling 812.465.1154 or 812.465.1174.

Clinical Faculty Information

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Information about your Clinical Experience

The following information is a compilation of answers to the most frequently asked questions about the clinical experience for the graduate nursing student. Additional information can be found on the website at http://www.usi.edu/health/nursing/degrees-and-programs/master-of-science-in-nursing/about-the-clinical-experience or by contacting the Program Chair at 812.465.1168.

Preceptors
All preceptors must have and retain an unencumbered license in the state they practice and have a signed and approved agreement with the University of Southern Indiana College of Nursing and Health Professions to function in the teaching role with Graduate Nursing Students.

Alternate or Additional Preceptors
If other licensed practitioners have an opportunity to precept the student in the office or facility of the primary preceptor an additional Preceptor Agreement form must be completed and approved by USI prior to the experience. Students may participate as observers without a preceptor agreement. An observer may not assess a patient or implement a plan of care.

Student Orientation
Orientation to the routine of the agency and introduction to the staff will benefit both the student and the preceptor. Students are encouraged to request 8 (eight) hours of observation experience with the preceptor prior to seeing patients on a progressively independent basis. Students should not use clinical sites for workplace orientation.

Student Performance/Competency
Student evaluation occurs formally twice during the fall and spring semesters (once at midterm and again at the end of each semester) and at least once during the summer semester. A written evaluation is completed by each preceptor at each evaluation using the Clinical Evaluation form and is essential for the educational and evaluation process. Preceptors are encouraged to discuss the evaluation with the student prior to mailing the completed form to the Graduate Nursing Program, University of Southern Indiana, 8600 University Blvd., Evansville, Indiana, 47712. Faculty, students, and preceptors may request telephone and/or email communication in addition to the written formal evaluations. Preceptors are expected to intervene directly and immediately should the student provide unsafe or inappropriate behavior in the clinical agency. Faculty is to be notified by phone of any such occurrence through the Graduate Nursing Office at 812-465-1154. Faculty are responsible for the final clinical grade.

Number of hours the student will require supervision
The number of hours needed in any one office or clinical site will vary according to the individual preceptor agreement and the type of experience required. The student will inform the preceptor about the expected number of hours required for the program in which he or she is enrolled.

The student is expected to progressively develop competence and independence in taking histories, preforming physicals, identifying diagnosis’ with appropriate differentials, and developing a treatment plan. The preceptor must be physically present in the office or clinical facility while the student is practicing in this student role. As the student develops competency, the preceptor should allow the student to assess the patient independently, verbally report the assessment results, the need for additional data and a plan of care. The preceptor should then verify findings and concur or revise the plan of care.
Information about your Clinical Experience

Recording/Dictating
Students need to know the policy for recording on patient records. If the students are not allowed to record or dictate on the patient record, they will be keeping their own notes for faculty review. They will be instructed to avoid patient identification on all unofficial records.

Documentation of Care
The method of documentation of care will typically vary from setting to setting. Regardless of the documentation format used in the clinical agency, the student must thoroughly and accurately document each client encounter. The clinical preceptor will review all entries made by the student on the client’s record. The student’s entry will be co-signed by the preceptor as appropriate for the clinical site. It is recommended that the preceptor’s co-signature document agree with the history, physical, and plan of care.

Notation of only the preceptor’s signature after the student’s entry implies that the entire client visit was observed and the associated documentation has been approved without amendments. The following examples are methods to document the client encounter:

- H&P Observed. Record reflects documentation of encounter
- H&P not observed. Agree with above documentation and plan of care.
- Reexamined positive findings. Agree with above
- Reexamined patient. Also advised ______
- Signed MD, DO, NP, RN

Malpractice Insurance
Students are covered in the student role of advanced practice nurse by University malpractice insurance and/or their own private insurance. The University of Southern Indiana’s malpractice insurance does not cover the preceptor.

Exposure
The University of Southern Indiana’s policy on percutaneous or mucous membrane exposure may be found under Section III: Tips for Preceptors
Meeting with your Preceptor Checklist

With every student clinical encounter, including the first meeting with a potential preceptor, you should consider the possibility that the impression you make may influence a future employment possibility. We have assembled a checklist that will assist you in preparing for your meeting. You should complete items 1-4 prior to your initial meeting and complete the remaining items after your meeting.

1. Review and print the contents of the Preceptor Packet
   - Form A – Program Information
   - Form B – Information about your Clinical Experience
   - Form C – Meeting with your Preceptor Checklist
   - Form D – Clinical Roles and Responsibilities
   - Form E – The One Minute Preceptor
   - Form F – Tips for Effective Precepting
   - Form G – Preceptor Agreement, MSN Site Survey and Initiation Request for Memorandum of Understanding

2. Review the guidelines for Preceptor Selection for the required clinical courses. All preceptors must have prior approval by clinical faculty before serving in preceptor role.

3. You will need to take a picture of yourself with your preceptor for verification so have a camera available in your meeting.

4. Dress in a manner that will project your professional image.

5. Unless waived by the course coordinator, submit the Preceptor Agreement, Site Survey, the picture of yourself with your preceptor, and the Initiation Request for Memorandum of Understanding to:

   College of Nursing and Health Professions
   Attention: Senior Administrative Assistant - Nursing
   Fax: 812.205.2798
   Email: USINursing@usi.edu

6. Contact your clinical faculty regarding your preceptor meeting and your current progress.
   - Maintaining communication with your faculty is essential in your career at USI.
Clinical Roles and Responsibilities

Roles and Responsibilities of the Preceptor
The preceptor works on a one-on-one basis in conjunction with the USI Graduate Nursing Faculty to ensure the student’s clinical experience and objectives.

Specifically the preceptor will:
- Serve as an expert and role model throughout the course while providing instruction
- Introduce the student to the staff and facility
- Arrange for space and room facilities as needed for the student’s use while in the clinical setting
- Provide the student with the clinical experiences required to meet the clinical course requirements, objectives, and specific educational expectations
- Critique and provide feedback of the student’s clinical performance including clinical skills and knowledge during the course
- Evaluate the student’s clinical competency with constant communication between the student and faculty
- Notify the faculty immediately of any problems arising from the student’s performance in the clinical setting

Roles and Responsibilities of the Graduate Nursing Student
The student will progress through dependence to independence in providing care to clients by learning experiences and consultation with the preceptor and faculty. It is essential that the student successfully experiences knowing when to treat independently, when to consult, and when to refer while in the clinical setting.

Specifically the student will:
- Fully understand and practice within the regulations set by the Nurse Practice Act in the state where the clinical experiences will be completed
- Provide the preceptor and faculty instructor with satisfactory completion of the OSHA requirements and licensure to practice nursing in the state where the clinical experiences will be completed
- Provide the preceptor with a copy of the clinical course requirements form
- Negotiate goals and create a plan of success for fulfilling the clinical requirements with the preceptor
- Maintain a collegial and professional relationship with preceptor, clinical agency site, and USI faculty and staff
- Complete a self-evaluation of the clinical experience and assess the achievement of the goals set forth by the student and the preceptor
- Assume responsibility for individual learning needs by assessing one’s own strengths and weaknesses
- Report to the preceptor and faculty immediately if the student is unable to meet the clinical experience commitment or if any problems that may arise during the clinical experience
- Participate in the clinical evaluation process via communication with the preceptor and faculty
- Demonstrate clinical competency in the site visit as indicated in the syllabi
Clinical Roles and Responsibilities

Roles and Responsibilities of the Graduate Nursing Faculty

The faculty, in collaboration with the preceptor, will arrange clinical experiences to optimize the student’s personal and professional development.

Specifically the faculty will:

- Identify clinical educational requirements and objectives with the preceptor and student
- Orient students and preceptors to their respective roles and responsibilities
- Assess the adequacy of space and appropriateness of clients within the preceptor’s environment to ensure adequate student learning experiences and the meeting of learning objectives.
- Ensure that all appropriate agreements are signed with agencies and preceptors
- Respond to problems and concerns of the preceptors and students
- Communicate periodically with the preceptors and students about progress in meeting goals and devise new strategies for attaining these goals if needed
- Evaluate the student’s clinical competency and the meeting of the clinical learning objectives through scheduled communication with the preceptor and with the consideration of the written preceptor evaluation
- Faculty are responsible for the final clinical grade.
The One-Minute Preceptor Method

- Get a Commitment
- Probe for Supporting Evidence
- Reinforce What Was Done Well
- Give Guidance About Errors and Omissions
- Teach a General Principle
- Conclusion

Most clinical teaching takes place in the context of busy clinical settings where time is at a premium. A tested and valuable approach is the One-Minute Preceptor.

**Step One: Get a Commitment**

At this point, there are many teaching techniques you could employ, but the One-Minute Preceptor method asks that you get a commitment from the learner by getting them to verbally commit to an aspect of the case. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and personal.

In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: “What do you think is going on with this patient?” This approach encourages the learner to process the information they have gathered. You obtain important information on the learners clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient. If the answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred.

Additional examples include:

“What laboratory tests do you think we should get?”
“How do you think we should treat this patient?”
“Do you think this patient needs to be hospitalized?”
“Based on the history you obtained, what parts of the physical should we focus on?”

By selecting an appropriate question, the preceptor can take a learner at any stage and encourage them move them further along in their skills and to stretch beyond their current comfort level.

Notice that questions used in getting a commitment do not simply gather further data about the case. The goal is to gain insight into the learner’s reasoning. Questioning by the preceptor for specific data reveals the preceptor’s thought process – not the learner’s. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

**Step 2: Probe for Supporting Evidence**

After obtaining a commitment, it is important to explore what the basis for their opinion was. In the clinical setting, it is essential to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. It is significant to identify the “lucky guess” and to demonstrate the use of appropriate supporting evidence. Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgment on their response. Instead, ask a question that seeks to understand the rationale for their answer.
The questions you will need to ask will depend on how they have responded to your request for a commitment:

“What factors in the history and physical support your diagnosis?”

“How would you choose that particular medication?”

“How do you feel this patient should be hospitalized?”

You are able to immediately gauge the strength of the evidence upon which the commitment was made, in addition, any faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill.

**Step Three: Reinforce What Was Done Well**

In order for the student to improve he/she must be made aware of what he/she did well. The simple statement “That was a good presentation” is not sufficient. The learner is not sure if their presentation is “good” because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor. With a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

“Your diagnosis of ‘probable pneumonia’ was well supported by your history and physical. You clearly integrated the patient’s history and your physical findings in making that assessment.”

“Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam.”

**Step Four: Give Guidance About Errors and Omissions**

As important as it is to tell the student that he/she did well, it is perhaps more important to tell the student what he/she did wrong. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments it is helpful to avoid extreme terms such as ‘bad’ or “poor”. Expression such as “not best” or “it is preferred” may carry less of a negative value judgment while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

“In your presentation you mentioned a temperature in your history but did not tell me the vital signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of medical information.”

“I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill and the results may not reflect her baseline and may be very difficult for her. We could glean some important information with just a peak flow and a pulse oximeter.”

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without reinforcing what is already being done well. As with many things in life, balance and variety are preferable.
Step Five: Teach A General Principle

One of the key tasks for the student is to take information gained from a learning situation and to accurately generalize it to other situations. There may be a tendency to over generalize or the student may be unable to identify an important general principle that can be applied effectively in the future. A quick focus on the encounter can be very effective even if you do not have a specific medical fact to share. A statement or two outlining a teaching point can have a significant impact on the learner when pressed for time.

Examples:

“Smokers are more likely than non-smokers to be infected with gram-negative organisms. This is one situation where you may need to broaden your antibiotic coverage to be sure to cover these more resistant organisms.”

“Deciding whether someone needs to be treated in the hospital for pneumonia is challenging. Fortunately there are some criteria that have been tested which help…”

Step Six: Conclusion

Time management is a crucial function in clinical teaching. Ending the teaching interaction and defining what the role of the student will be in the next events is essential to learning. It is easy for a teaching encounter to last much longer than anticipated and remainder of the patient care schedule can suffer. The preceptor must be aware of time and must not rely on the student to cut off the preceptor.

The roles of the learner and preceptor after the teaching encounter may need a revision as in some cases you may wish to observe while the student performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the student what the next steps will be and what their role is will create a learning partnership that will assist both the student and the patient.

Example:

“OK, now we'll go back in the room and I'll repeat the lung exam and talk to the patient. After, I'd like you to help the nurse get a peak flow, a pulse ox, and a CBC. When we've gotten all those results, let me know and we can make a final decision about the need for hospitalization and our treatment plan.”

Summary:

The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a method that is very functional in the clinical setting. It provides the preceptor with a system to provide efficient and effective teaching to the student around the single patient encounter. It is not intended that this technique should replace existing teaching skills and techniques that already work well for the preceptor or to avoid the need to learn further techniques.

Modified from work by Kay Gordon, MA; Barbara Meyer, MD, MPH; and David Irby, PhD at the University of Washington Seattle. More information can be found online at http://www.oucom.ohiou.edu/fd/monographs/microskills.htm
Tips for Effective Precepting

Being a preceptor can be difficult, especially in a busy work environment. Use these tips to help you be prepared and organized throughout the preceptorship.

Identify some clear learning outcomes, goals, or expectations that will come from

- The requirements of the USI Graduate Nursing program
- The strengths of your practice and community
- The student’s profile and previous clinical experience

Prior to and after the student’s arrival

- Notify office staff and colleagues
- Inform patients and clients
- Identify patients/clients that the student can work with over a long period of time
- Obtain a profile of the student before or as soon as he/she joins your practice
- Identify the student’s interest and prior experience

Provide an orientation for the student to your facility, be sure to cover

- Attendance
- Appearance
- Office policies and procedures
- Allocated office space (if available)
- Responsibilities of the student on rounds
- Patient/client characteristics at your facility
- Laboratory guidelines (if applicable)
- Library and references
- Introduction to the staff and colleagues

Explain evaluation process and daily expectations

- Invest time in the initial conference with the student
- Provide an overview of your expectations
- Maintain a schedule of progress sessions throughout the semester
- Review the daily schedule in advance and highlight patients/clients that will prove to be most beneficial for students to interact with
- Uphold a daily schedule for reviewing the students questions
Preceptor Agreement

This completed form must be submitted 6 weeks prior to clinical rotation start date. The preceptor and site must be approved by USI prior to the start of clinical rotation. If this form is submitted in December, the approval process will not start until USI classes begin January of the next year. This form should be PRINTED in legible hand-writing or typed except for the preceptor signature area.

Agreement: I have reviewed the goals and responsibilities of the graduate nursing student, the preceptor, and faculty. I will provide the student with clinical experiences that facilitate the learning goals of the student as agreed upon by the student, the faculty advisor, and me. I will facilitate and review the student’s learning activities and will submit the required evaluation to the Graduate Nursing Program. I understand that there will be no remuneration for this service.

I agree to serve as a preceptor for the Graduate Nursing Program at the University of Southern Indiana. This agreement is valid for one year with the option to renew for a second year, unless written notification is received from either the student or the USI Graduate Nursing Program.

PART ONE:  Student Name: ____________________________ Student ID: ____________________________

Student Email Address: ____________________________ USI Course Number: ____________________________

PART TWO:  Preceptor Name: ____________________________

Preceptor Specialty (ies): __________________________________________

Preceptor Email Address: __________________________________________

Preceptor Title: __________________________________________ Professional License Number: ____________________________

State Issued: ______ Year Issued: ________ Expiration Date: ____________ DEA: Yes _____ No _____

Board Certified: Yes _____ No _____ Certifying Board: __________________________ Certification ID #: ____________________________

PART THREE:  Name of Site: __________________________________________

This Site is Part of (if owned by larger corporation): __________________________________________

If the site has multiple offices, please note the addresses of where the student will be. You may attach additional pages noting this information. If this site is part of a larger entity, please note name of the entity on line above.

Site Address: __________________________________________ County: ____________________________

City, State and Zip: __________________________________________

Main Office Phone: __________________________________________

PART FOUR:  Preceptor Signature: ____________________________ Date Signed: ____________________________

Submit completed forms to:
College of Nursing and Health Professions
University of Southern Indiana
Attn: Sr. Administrative Assistant - Nursing
Fax: 812-205-2798
Email: US11Nursing@usi.edu

For Office Use Only:
Received by ____________________________ Date __________________
License Verified: ________ MUA: ________
MOU: ____________________________
Approved as Preceptor: Yes _____ No ________

Faculty Signature
Approval
Date: ____________________________ Green Light: ________
This form is to be completed by the preceptor or office manager. The following information will assist the student and faculty in establishing clinical sites that facilitate advanced practice nursing education. The student should submit this form and a picture of the student with the preceptor at the clinical site to the College of Nursing and Health Professions, Attn: Senior Administrative Assistant - Nursing. Fax number 812.205.2798. Email US11Nursing@usi.edu.

**This form must be submitted prior to the start of the clinical.**

**Preceptor Contact Information:**

Student Name: 
Preceptor Name: 
Site Address: 
City/State/Zip: 
Phone: Fax Preceptor Email: 

**Years at Current Practice**

**Office Manager Contact Information**

Name Phone

**Preceptor Information:**

Have you previously served as a clinical preceptor/teacher?  
○ Yes ○ No

If Yes, please indicate all student categories that apply:
○ Clinical Nurse Specialist
○ Nurse Practitioners
○ Physician assistants
○ Medical Students
○ Other 

Do you anticipate serving as a clinical preceptor for more than one student at a time?  
○ Yes ○ No

Indicate the office hours you will be able to precept.
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the average numbers of patients seen by you in an eight hour period?

How many practitioners are in your office?

What are their specialties?

How many exam rooms are available per practitioner at any one time?

List any special procedure rooms and their use:
Indicate types of minor surgeries and procedures that are done in your office: ________________________________

Does your practice involve caring for patients in acute care facilities?  
If yes, please indicate the frequency:  
Often ○  Sometimes ○  Rarely ○  Never ○  
Are there any on-call opportunities?  
If yes, please describe: ____________________________________________

Describe the approximate patient mix in the practice by percentages:  
Adults _______  Pediatric _______  OB _______  Geriatric _______  Other _______  ________

What are the types and number of support staff employed in your office?  
Number: ________________
Type: ________________________________

Will the graduate nursing student be allowed to record on the patient’s record?  
Yes ○  No ○

Will the graduate nursing student be allowed to enter on the E.H.R.?  
Yes ○  No ○
N/A ○

Will the graduate nursing student be allowed to dictate?  
Yes ○  No ○
Initiation Request for USI Memorandum of Understanding

This is not the actual agreement. The actual agreement will be created using the information noted on this form. The agreement will be titled Memorandum of Understanding and will be mailed to the person at the address noted below requesting their review and signature. USI must receive the signed agreement prior to approving the site for a student’s clinical experience.

Part 1: To be completed by Student

Student Name

Student Email Address

Student ID Number  USI Course

Part 2: To be completed by Site Office Manager or Education Coordinator

Name of Site

If site is part of a larger entity

Name of Entity

Name of Owner/President/Director/CEO, person who would sign Affiliation Agreements for the site or entity listed above

Title of signer

Mailing Address

City/State/Zip/County

Phone Fax

Site Office Manager Contact Information:

Name

Phone

Fax

Email

Fax, or scan and email completed and legible form to:

College of Nursing and Health Professions
Attn: Senior Administrative Assistant HP 2068
University of Southern Indiana

Fax (812) 205-2798
Email: US11Nursing@usi.edu