



SITE SURVEY

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 to the College of Nursing and Health Professions, Attn: Senior Administrative Assistant - CNHP Email: USI1Nursing@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	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

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? Yes No
If yes, please indicate the frequency: Often Sometimes Rarely Never

Are there any on-call opportunities? Yes No
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