



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

Phone: 314-977-8904
 FAX: 314-977-8949

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

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	

Facility Name	
Street address	
City, State & Zip	

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.