

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.**

If your clinical site requires a full contract with the University in order for you to practice at the site 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 [ksaunde4@slu.edu](mailto:ksaunde4@slu.edu)**

Student Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Student Contact Info: Phone No.: \_\_\_\_\_ Email \_\_\_\_\_

Specialty Option: \_\_\_\_\_ Course/s \_\_\_\_\_

Course Coordinator: \_\_\_\_\_ Year in Program: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

**Name of Contact Person at Facility:** \_\_\_\_\_

**Contact Person is not the preceptor. This is the person who will help facilitate a contract at the agency**

Facility Contact Person's Title: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No. \_\_\_\_\_

**Email Address of Contact REQUIRED:** \_\_\_\_\_

Name of potential preceptor: \_\_\_\_\_

Dates you anticipate performing clinical at this site: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year