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 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 - 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