

**CLINICAL SITE VISIT INFORMATION SHEET**  
**NUR 420 Community Health Nursing**

Student Name: \_\_\_\_\_

Phone Numbers: Most Accessible: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_

**Clinical Site Data**

Preceptor Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_

**Please circle what day (s) of the week you will be going to clinical and indicate the time that you will be at your clinical site**

Monday      Tuesday      Wednesday      Thursday      Friday      Sat/Sunday

Hours: \_\_\_\_\_

Are there any days you know you will not be on the clinical site when anticipated?  
(i.e. Preceptor away/Spring Break/Conference): \_\_\_\_\_

What is the best way to get to your clinical site? Please use true landmarks and posted street names/numbers. (Maps would be helpful or use next sheet) \_\_\_\_\_

Are there any special instructions to locate you or gain access to site? (Be specific) \_\_\_\_\_

This form **MUST** be completed and returned to the Program Director or designee during the semester prior to registration for the clinical or practicum. The clinical or practicum **CANNOT** begin until the Preceptor Information Form and the signed preceptor agreement have been received by the Nursing Program.