



GEORGIA SOUTHWESTERN STATE UNIVERSITY

Contract with GSW & Clinical Site

For Office Use Only: Approved by _____ Contract Logged _____
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This form will serve as a *Semester Contract Agreement* between:

Clinical Site Name

City State Zip

And the College of Nursing and Health Sciences at Georgia Southwestern State University, Americus, Georgia, when appropriate signatures have been affixed below by Dr. Leisa Easom, Associate Dean for Health Sciences, and the authorized agency representative for the clinical site.

The agreement will grant permission to _____,
Student Name

a student enrolled in the Long Term Care Management program at GSW to obtain his/her clinical experience through this facility.

The student will work with _____ as preceptor. The
Preceptor Name and Title

Preceptor's contact information (phone and email) _____

The term of the agreement will be:

_____ Spring semester: January ____ through May ____

_____ Fall semester: August _____ through December ____

If the terms of this agreement are acceptable to you and your agency, please sign below and keep a copy for your records.

Signature of Person Legally Authorized to Sign Contracts

Leisa Easom, PhD, RN, Associate Dean and
Professor, College of Nursing and Health Sciences
229-931-2670