

LONG TERM CARE MANAGEMENT CLINICAL INITIATION FORM

1. Internship Semester: _____ Year: _____
2. To be completed by the intern and signed by student and advisor or instructor in LTCM and submitted by the below deadlines.

Student's Legal Name	
Student's Phone Number	
Student Date of Birth (ACEMAP)	
Student's School Email Address	
Student's 913 number	
GSW Instructor's Name	
GSW Instructor's Email Address	
GSW Instructor's Phone Number <i>*Instructor prefers to be contacted via email</i>	
Name of Field Experience Facility	
<u>Field Facility Contact Information</u> Need BOTH Preceptor (student agency educator AND Facility Administrator (MOU, credentialing contact) information. Need mailing address, email address, and telephone number.	Preceptor: _____ Facility Administrator: _____
Anticipated Clinical Rotation Start Date	
Anticipated Clinical Rotation End Date	
Length of time on rotation (Total number of hours required for experience)	
Anticipated Graduation Date	

Completed forms should be brought to the office of the Clinical Coordinator, Mrs. Tiffany Battle, School of Nursing and Health Sciences, room 134.

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Deadlines for submission of this form to the Clinical Coordinator:

Semester	With contract in place	*No contract in place
Fall - Practicum/Internship:	June 1st	April 15th
Spring - Practicum/Internship	October 1st	August 15th
Summer - Practicum/Internship	March 1st	January 15th

***NOTE: If an MOU contract is needed and not currently in place, allow an additional 6 weeks to process and set up contract. A semester contract can be used and should be set up two weeks ahead of the above time schedule.**