EXERCISE SCIENCE CLINICAL INITIATION FORM

1.	Please mark one: Practicum	Internship	Semester:	Year:
2.	To be completed by the intern and by the below deadlines.	signed by stud	dent, advisor, and ins	structor of record and submitted
St	udent's Legal Name			
St	udent's Phone Number			
St	udent Date of Birth (ACEMAPP)			
St	udent's School Email Address			
St	udent's 913 number			
GS	SW Instructor's Name			
GS	SW Instructor's Email Address			
,	SW Instructor's Phone Number *Instructor prefers to be contacted via email			
Na	ame of Field Experience Facility			
Ne ag Ac co ad	eld Facility Contact Information eed BOTH Preceptor (student ency educator AND Facility dministrator (MOU, credentialing ntact) information. Need mailing dress, email address, and telephone mber.	Preceptor:		Facility Administrator:
Aı Da	nticipated Clinical Rotation Start			
	nticipated Clinical Rotation End ate			
(T	ength of time on rotation otal number of hours required for perience)			
Aı	nticipated Graduation Date			
Pi	ompleted forms should be brought to nckard in College of Nursing and E	Iealth Science	es, Room 229.	
Ac	lvisor signature:		Date:	
Ins	structor of Record:		Date:	

All students <u>must be cleared</u> by the GSW CONAHS credentialing office PRIOR to beginning practicum or internship hours on-site at a facility. Clinical hours will not be counted until official clearance has been obtained.

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.