



Contract with GSW & Clinical Site

For Office Use Only:
Approved by _____
Contract Logged _____

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 21, ____ through May 7, ____**

_____ **Summer semester: June 8, ____ through July 30, ____**

_____ **Fall semester: August 19, ____ through December 5 ____**

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**