

UNIVERSITY of HOUSTON | NURSING

FAMILY NURSE PRACTITIONER (FNP) CLINICAL HOURS CONTRACT

Student Name: _____

Preceptor Name: _____

Legal Name of Site: _____

Address: _____

Phone: _____ Fax: _____

Preceptor Email: _____

Clinical Hours: To be negotiated prior to starting the experience, and a copy submitted to the preceptor AND faculty. Students who are unable to go to the clinical site on any day scheduled are to call the preceptor prior to the start of the day AND also notify the supervising faculty.

Month:						
SUN	MON	TUE	WED	THU	FRI	SAT

Month:						
SUN	MON	TUE	WED	THU	FRI	SAT

Month:						
SUN	MON	TUE	WED	THU	FRI	SAT

Total Hours Negotiated: _____

Preceptor Signature: _____ Date: _____

Student Signature: _____ Date: _____