

PLACEMENT CONFIRMATION FORM

*Please submit this completed form to your Specialty Director **AND**
the Graduate Clinical Placement Office at Allison.Boyrer@ucdenver.edu*

Student Name _____

Specialty _____ Subject _____ Course# _____ Semester _____ Year _____

If your specialty, subject, or course number are not listed, please enter them manually above.

Preceptor/Mentor Name _____ Credentials _____

Specialty _____

Phone # _____ Alternate # _____

Preceptor/Mentor Email _____

Site Name _____

Site Address _____ Suite _____

City/State _____ ZIP _____

Phone # _____ Fax # _____

Office/Nurse Manager Name _____

Email _____

Clinical Placement Start Date _____ End Date _____

Number of credits/hours to be completed with this preceptor/mentor/site _____

Please note: Due to accreditation regulations, we are now required to have the Mentor's/Preceptor's curriculum vitae or resume uploaded into our system. Please attach it to this form.