



Precepting Site Request Form Individual Student

(Use Group Form for Multiple Students)

Student Name:

Student Email:

School:

School Liaison Name:

Phone #:

School Liaison Email:

Semester: Fall Spring Summer **Year:** ____2025 or ____2026

1. **Does your school have a current clinical education agreement with Cone Health?** Yes No

2. **Student Type?** NP PA PMHNP CRNA Nurse-Midwife Other

3. **Number of hours for rotation?**

4. **Start and end date for the rotation?**

5. **Any holidays you will be out for during this time?**

6. **Are you a Cone Health Employee?**

7. **Do you need to have:**

Observation only (CHL Not Required)

Hands on experience - **Cone Health Link (CHL) Documentation** - Students will be required to attend a half day of ambulatory Epic training. Please complete and return the completed *Cone Health Multiple-User Access Agreement* to **Jason Murphy** (Contact information below)

8. **What type of clinical experience do you need:**

Primary Care / Internal Medicine Pediatrics Women's Health Pulmonary

Gastroenterology Cardiology Urgent Care Nursing Home Cancer Center

Mental Health Endocrinology Other: Prenatal Care primarily

9. **What day(s) of the week will student be at the site?**

Monday Tuesday Wednesday Thursday Friday

10. What hours will students be at the site?

8a – 5p 8a – 12p 12p – 5p Other: _____

*****Please include a copy of student’s resume and a copy of your class objectives*****

Submit this completed request with the supplemental documents in the same email.

For questions please contact:

Katina Blackwell-Mitchell Katina.blackwellmitchell@conehealth.com

Office Use Only:

Date request received: _____

Site offered to student: _____

Sites approved by school: _____

Date placed _____

Submitted IT request for EPIC: _____

Information sent to Staff Education: Date _____

HITRUST information given to students: _____