

Appendix A
Clinical Site Approval Form
Information Required for Clinical Site Contract

SITE DEMOGRAPHIC INFORMATION

Clinical Site Name: _____

Address: _____

City: _____ State _____ Postal Code _____

Website _____

Current Clinical Contract with MUSC CON on file? Yes; No; Unknown

SITE CHARACTERISTICS (Check All that Apply):

- | | |
|---|---|
| <input type="checkbox"/> Community/Home Care (hospice, assisted living) | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Government Agency (law enforcement, military) | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Specialty Care (neurology, cardiology, etc.) | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Primary Care (family practice, pediatrics, etc.) | <input type="checkbox"/> Tertiary Care (hospital) |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Other: _____ |

EXPERIENCES AVAILABLE (Check All that Apply):

- Acute In-hospital Primary Care
- Chronic Outpatient Other: _____

PATIENT CHARACTERISTICS (Check All that Apply):

Gender: Female; Male

Ethnicity/Race:

Age Group(s):

- Newborn/Infants (birth to 1 year)
 Pediatrics (> 1 year to < 18 years)
 Adults (18 years to 65 years)
 Older Adults (> 65 years)

- American Indian/Eskimo Aleut
 Asian/Pacific Islander
 Black
 Latino
 White

Evaluation of site and experience:

- How many patients will you be able to see on a daily basis with the preceptor: _____
- How many exam rooms at this facility: _____
- Will the student be able to access labs and x-ray reports: Yes No
- Will the student be able to document in the chart or electronically: Yes No
- On average how much time is spent with each patient: _____
- Is there adequate space at this site for a student: Yes No
- What type of procedures will the student be exposed to with this preceptor and allowed to perform. Check all that apply: (list)