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):
__ Community/Home Care (hospice, assisted living) __ Psychiatric
__ Government Agency (law enforcement, military) __ Public Health
__ Specialty Care (neurology, cardiology, etc.) __ Long Term Care
__ Primary Care (family practice, pediatrics, etc.) __ Tertiary Care (hospital)
__ Private Practice __ 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:
__ American Indian/Eskimo Aleut
__ Asian/Pacific Islander
__ Black
__ Latino
__ White

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)

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