Eastern Florida STATE COLLEGE
Career Services

NURC 4945 SITE CONFIRMATION

****This form must be completed and returned to the Internship Office prior to recording any Hours.**

STUDENT SECTION

Student Name: _____

Term: _____ StudentB#: _____ Telephone: _____

Course: _____ Instructor: _____ RequiredHours: **32**

_____ _____
Student Signature Date

LOCATION SECTION

Site Name: _____

Address: _____

**Preceptor Name: _____

Highest Degree Earned: _____RN _____BSN _____ MSN _____ APRN_____ Other: List _____

Institution of Highest Degree Earned _____ Year Obtained _____

Email: _____Telephone: _____

**** IF PRECEPTOR DOES NOT HOLD A BSN, MSN, APRN, or higher degree, A PROJECT SUPERVISOR IS REQUIRED.**

_____ _____
Preceptor Signature Date

Project Supervisor Name: _____

Highest Degree Earned: _____BSN _____ MSN _____ APRN_____ Other: List _____

Institution of Highest Degree Earned _____ Year Obtained _____

Email: _____Telephone: _____

_____ _____
Project Supervisor Signature Date

Has a schedule been created between the Preceptor and EFSC Student?___YES___ NO Start Date: _____