



## Contract with GSW & Clinical Site

For Office Use Only: Approved by _____ Contract Logged _____
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This form will serve as a *Semester Contract Agreement* between:

\_\_\_\_\_

Clinical Site Name

\_\_\_\_\_

City State Zip

And the College of Nursing and Health Sciences at Georgia Southwestern State University, Americus, Georgia, when appropriate signatures have been affixed below by Dr. Leisa Easom, Associate Dean for Health Sciences, and the authorized agency representative for the clinical site.

The agreement will grant permission to \_\_\_\_\_,  
Student Name

a student enrolled in the Long Term Care Management program at GSW to obtain his/her clinical experience through this facility.

The student will work with \_\_\_\_\_ as preceptor. The  
Preceptor Name and Title

Preceptor's contact information (phone and email) \_\_\_\_\_

The term of the agreement will be:

\_\_\_\_\_ Spring semester: January 21, \_\_\_\_ through May 7, \_\_\_\_

\_\_\_\_\_ Summer semester: June 8, \_\_\_\_ through July 30, \_\_\_\_

\_\_\_\_\_ Fall semester: August 19, \_\_\_\_ through December 5 \_\_\_\_

If the terms of this agreement are acceptable to you and your agency, please sign below and keep a copy for your records.

\_\_\_\_\_  
Signature of Person Legally Authorized to Sign Contracts

Leisa Easom, PhD, RN, Associate Dean and  
Professor, College of Nursing and Health Sciences  
229-931-2670