



Preceptor & Clinical Practicum Placement Interest Form

OFE is pleased to work with students to secure placement. As student clinical practicum placement is highly competitive, we encourage you to provide us as much information to help you achieve your preferred location and preceptor. Please provide at least 3 preceptors and the sites where they are in practice. *Please complete the applicable sections in their entirety as to not delay processing.*

STUDENT INFORMATION

Student Name: _____

Student ID: _____

The following are needed for which clinical practicum course: _____

CLINICAL PRACTICUM SITE/PRECEPTOR INFORMATION (1st Priority)

Clinical Practicum Site Name: _____	Facility Phone: _____
Clinical Practicum Site Address: _____	Clinical Practicum Site City, State & Zip code: _____
Facility Email: _____	Type of Practice: _____
Preceptor Name: _____	Preceptor Credentials: _____
Preceptor Phone: _____	Preceptor Email: _____

- Agreed to Precept Me Contacted, need OFE to follow up

CLINICAL PRACTICUM SITE/PRECEPTOR INFORMATION (2nd Priority)

Clinical Practicum Site Name: _____	Facility Phone: _____
Clinical Practicum Site Address: _____	Clinical Practicum Site City, State & Zip code: _____
Facility Email: _____	Type of Practice: _____
Preceptor Name: _____	Preceptor Credentials: _____
Preceptor Phone: _____	Preceptor Email: _____

- Agreed to Precept Me Contacted, need OFE to follow up

CLINICAL PRACTICUM SITE/PRECEPTOR INFORMATION (3rd Priority)

Clinical Practicum Site Name: _____	Facility Phone: _____
Clinical Practicum Site Address: _____	Clinical Practicum Site City, State & Zip code: _____
Facility Email: _____	Type of Practice: _____
Preceptor Name: _____	Preceptor Credentials: _____
Preceptor Phone: _____	Preceptor Email: _____

- Agreed to Precept Me Contacted, need OFE to follow up