



**Practicum Agreement Form (Version A*)
GS/NURS 5400 - Advanced Nursing Practicum†**

***For practicum placement outside student’s normal work setting**

†GS/NURS 5400 - Advanced Nursing Practicum is a required course in the MScN program, School of Nursing, York University.

The purpose of this form is to document agreement between the placement organization/agency and York University that *the designated unit/department manager and preceptor will support and facilitate the student named below in fulfilling her/his learning plan for this course.*

INSTRUCTIONS: STUDENTS ARE EXPECTED TO COMPLETE THE TOP PART OF THE FORM, PRINT AND OBTAIN SIGNATURES ON THE BOTTOM PART OF THE FORM, THEN SCAN AND SUBMIT COMPLETED FORM TO COURSE DIRECTOR VIA MOODLE. IN ADDITION, GO TO THE LINK BELOW AND PROVIDE INFORMATION REQUIRED BY THE NURSING PRACTICUM COORDINATION OFFICE: <http://nursing.apps01.yorku.ca/machform/view.php?id=98519>

Deadlines: June 15th unless practicum is in a community college, then June 1st.

STUDENT:

Name & Credentials

Phone & Email Address

PRACTICUM SITE:

Organization/Agency:

Department Unit:

PRACTICUM SITE CONTACT # 1: Unit/Department Manager* (Person in charge of the placement unit or department)

Name & Credentials

Title

PRACTICUM SITE CONTACT # 2 – Preceptor (Type full name, credentials, title, phone and email):

Name & Credentials

Title

Phone & Email Address

SIGNATURES:

We provide our signatures to acknowledge that we have read and agree to support and facilitate the student’s practicum placement.

(UNIT/DEPARTMENT MANAGER)

(STUDENT)

(PRECEPTOR)