



Practicum Placement Agreement Form (Version B*)
GS/NURS 5400 - Advanced Nursing Practicum[†]

***For practicum placement in 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 organisation/agency and York University. *It is acknowledged that the student is an employee of the placement organisation/agency where the placement for GS/NURS 5400 will occur. In addition, it is agreed that the learning activities undertaken by the student in fulfilment his/her learning plan for this course of the course are in addition to, and will extend beyond, her/his normal duties.*

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 and Email Address:

PRACTICUM SITE:

Organisation/ 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:

Name & Credentials:

Title:

Phone and e-mail:

SIGNATURES: We provide our signatures to acknowledge that we agree to support and facilitate the student's practicum placement.

(UNIT/DEPARTMENT MANAGER)

(STUDENT)

(PRECEPTOR)