Graduate Students
DNP & Graduate Advanced Practice Certificate
Clinical Placement Agreement

Clinical rotations are a critical component of your graduate nursing education. Because we understand the importance of your clinical experiences and your hopes and expectations, we try to make the clinical experiences as rich as possible. This document will help you understand our clinical placement policy. Please read it carefully, sign the document, and return it as part of the required documentation prior to new student orientation.

All clinical placements are at the sole discretion of the UW School of Nursing. Students are not able to develop/create their own placements. All students are placed through the Clinical Placement Coordinators in conjunction with your track lead.

As a member of a health care team, there are no clinical days off. Students follow the schedule and availability of the preceptor(s) and clinic/hospital/site at which they are rotating. Students can experience some evening/night/weekend and holiday shifts during their clinical education. This may include traditional observances and major days of religious significance. We are unable to take into consideration work schedules, extracurricular courses, transportation availability or commuting time, and other personal commitments. Please anticipate that you may need to adjust your work schedule and/or other commitments. You are required to be present on all clinical days and for full shifts, except for illness.

Confirmation of or adjustments to your clinical placement and/or clinical rotation schedule may occur up until the start of the new quarter. This could be due to fluctuation in patient census at a site, staffing issues at the clinical site, changes in teaching assignments at the School of Nursing, or specific learning needs of students. Further, adjustments to assigned preceptor schedule could occur during the quarter. Please keep this in mind when committing to a work schedule since we cannot consider personal commitments and students follow assigned preceptor schedules.

By signing the below, I confirm that I have read the above information. I understand that all clinical placements are the sole discretion of the UW School of Nursing. I recognize that my clinical rotations may include daytime/evening/nights/weekends/holidays. I understand that I am responsible for my own transportation to clinical sites. I affirm I will be able to participate in all clinical courses as assigned, regardless of scheduling and location. I will fulfill all compliance requirements and on-boarding site requirements for each clinical site during my program at the University of Washington School of Nursing.

________________________________________  __________________________
Print your name  Date

________________________________________  __________________________
Signature  UW Student Number