

## School of Nursing, Health, and Exercise Science

## **Nurse Practitioner Student Clinical Placement Attestation**

I understand that I am required to provide and maintain all required health and credentialing documents, including both a New Jersey and Pennsylvania RN license. I understand that if I do not meet compliance requirements, I will be required to refrain from going to clinical until documents are current.

I acknowledge that I am aware that I am responsible for actively searching for placements for all clinical courses after NURS 633: Advanced Holistic Health Assessment. I understand that success in securing a placement may require making a minimum of 100 calls/attempts/emails to primary care centers, community health centers, urgent care centers, private practices, or prisons.

I understand that I am not permitted to call or contact the following sites or providers:

- Capital Health Systems\*
- Cooper University Hospital
- Henry J. Austin Health Center
- Lifecycles Health Center
- Neighborhood Health Services
- Penn Medicine Princeton Medical Center+
- Penn Medicine University of Pennsylvania Health System\*
- RWJ Barnabas Health System\*

Note: Other sites may be added in the future as needed

- Virtua Health Systems- including Dr. Arthur McDermet
- Dr. Sharon Byrne (at MD Anderson Cancer Center at Cooper)
- Dr. Jon Michel (at Excel Medical)
- Ivy Pearlstein (at Henry J. Austin Health Center)
- Dr. Colleen Silk (at St. Mary's Woodbourne)
- + Penn Medicine Princeton Medical Center will preferentially place their employees first. Employees should contact their Nursing Education Department. Non-employees interested in Princeton must contact the Clinical Site Coordinator.
- \*Capital Health Systems, Penn Medicine University of Pennsylvania Health System, and RWJ Barnabas Health Systems will only provide placements for their employees. If you work for one of these health systems, contact your Nursing Education Department for information on your organizations' procedures for requesting a preceptor.

I also understand that I am required to record my search efforts on the Clinical Placement Effort Worksheet for each clinical course and submit this form to Medatrax when I secure a preceptor but no later than October 2 for Spring courses, February 2 for Summer courses, and May 2 for Fall courses.

I understand that in the event I have made every effort to find my own placement and still cannot locate a willing preceptor, the Clinical Site Coordinator will help to secure a placement. I understand that if my effort to secure a placement is found to be insufficient, I may not be provided a site and may be asked to withdraw from the course unless I can secure a site on my own. I am aware that in either situation, a placement may not be found by the start of the semester, my clinical start date may be delayed, and ultimately, my graduation date may be delayed.

If I require placement by TCNJ, I agree to accept any placement within 90-minutes driving time of the TCNJ campus. I also agree to be available during the hours of operation of the clinical placement. If I refuse the assignment for any reason, I understand that I may not be provided a site and may be asked to withdraw from the course unless I can secure a site on my own.

PO Box 7718 Ewing, NJ 08628-0718



## School of Nursing, Health, and Exercise Science

By signing below, I acknowledge that I am aware of all of the clinical requirements outlined above and			
agree to comply with the policies related to clinical rotations as outlined in the Graduate Nursing Student			
Handbook. I acknowledge	that I will submit th	is form in Medatrax.	
_			
STUDENT NAME	DATE	PAWSID	

ver.12/2020b dfj