

# FORMSITE WORKSHEET PRECEPTOR AND FACILITY AGREEMENTS

July 12, 2017

## INFORMATION TO BE PLACED INTO FORMSITE

**1. Student First Name:**

Enter your full legal first name.

**2. Student Last Name:**

Enter your full legal last name.

**3. Student ID:**

- The University of Texas at Tyler student ID.

**4. Select Your Program:**

The program that you are currently enrolled in at The University of Texas at Tyler.

**5. Semester:**

The semester for the program that you are currently enrolled.

**6. Student Email:**

Enter your UT Tyler email address.

**7. Course:**

Course taking for that semester.

**8. Clinical Faculty Name:**

Faculty instructor for that course.  
Information to be placed into Formsites

## PRECEPTOR INFORMATION

**9. Preceptor First Name:**

Preceptor first name on their license.

**10. Preceptor Last Name:**

Enter your full legal last name.

**11. Professional License Number:**

Enter the preceptor license number.

**12. Preceptors Email Address:**

Preceptors active email address. Ask for the email address that is utilized the most.

**13. Is This Preceptor Listed In Typhon?:**

Look in Typhon or on the spreadsheet to see if the preceptor is listed.

**14. Credentials:**

The preceptor's credentials, clarify with the preceptor his/her credentials.

**15. Ethnicity:**

The ethnicity of the preceptor.

**16. Gender:**

The preceptor's gender.

**17. License State:**

State that the license was issued.

**18. License Expiration:**

License expiration date.

**19. Preceptor Contact Number:**

Preceptor phone number, where he/she can be reached.

**20. Certification Type:**

Check or ask for the certification type.

**21. Certifying Board Name:**

Check or ask for the certifying board name.

**22. Specialty:**

The preceptor's specialty.

### 23. Graduate or Professional School:

The graduate or professional school listed on the license.

### 24. Degree:

The preceptor degree.

### 25. Date Degree Completed (MM/YYYY):

Date degree was completed.

## FACILITY INFORMATION

### 26. Facility Name:

The legal name of the facility.

### 27. Address:

The address of the facility.

### 28. City:

The city that the facility is located.

### 29. State:

The state that the facility is located.

### 30. Zip Code:

The zip code for the facility.

### 31. Amount of patients seen at the facility?:

Ask either the preceptor or the contact person the amount of patients seen at the facility.

### 32. Is this facility with another organization or covered under a corporate umbrella? If yes, which one? :

Ask either the preceptor or the contact person if the facility is with another organization or covered under a corporate umbrella.

### 33. Is this facility already on the approved list?:

Look in Typhon or on the facility approved spreadsheet to see if this facility has already been approved or not.

**Note that if this facility has not been approved prior to your submission, then this may take some time to obtain an executed facility agreement and can take up to as long as 12 months. You will need to get a contact name, position and phone number for the contact person. If the office has an office manager.**

then please retrieve that person's information so that the facility agreements can be sent to the proper person. Ask who would be the contact person for getting the facility agreements signed, do not assume that it is the preceptor. Assuming in this situation can lead to a delay in processing your request and prevent you from starting your clinical hours as planned.

### 34. Description of Facility:

What kind of facility is it?

### 35. Type of Facility?:

What type of facility?

### 36. Please select the classification of this facility (most commonly used):

This information will automatically go to the preceptor after it has been submitted in Formsite for the preceptor agreement to be emailed and for the clinical coordinator to process.

If you would like to check the status of the request after a week (allow the week for processing), then email the clinical coordinator La Keitha Johnson at [LaKeithaJohnson@uttyler.edu](mailto:LaKeithaJohnson@uttyler.edu) along with the reference number from Formsite. Without the reference number, the clinical coordinator cannot look up the request.