THE UNIVERSITY OF TOLEDO
1872

CONTRACT INFORMATION FORM
Undergraduate Program
College of Nursing

Health Science Campus MS1026, Collier Building 4430, 3000 Arlington Avenue, Toledo, OH 43614-2598 419.383.5859

Agency Name: _____

Address: _____

_____

Telephone: _____

Person responsible for signing contracts _____

Title _____ **Phone** _____ **Fax** _____

Chief Executive Officer _____

Nursing Administrator _____

Type of Organization (check all that apply):

☐ Hospital
☐ Medical Center
☐ Longterm Care
☐ Ambulatory practice
☐ Private Practice
☐ Private Business
☐ Educational Site
☐ Community Health Center
☐ Rural Health Clinic
☐ Local Health Department
☐ State Health Department
☐ Indian Health Service Site
☐ Community Center
☐ Migrant Health Center
☐ Federally Qualified Health Center
☐ Public House Primary Care Grantee
☐ Healthcare for Homeless Grantee
☐ Primary Med Care Health Professional Shortage Area
☐ National Health Service Corp Site
☐ Veterans Hospital/Center
☐ Other _____

If agency is owned or operated by another agency:

Parent Organization _____

Address _____

Telephone: _____ **Fax:** _____

If organization operates or owns other agencies covered by contract, name of agencies:

_____

Contact/ liaison for clinical placements:
Name _____

Title _____ **Phone** _____ **Fax** _____

Type of Practice

☐ Acute Care
☐ Adult
☐ Adolescent
☐ Case Management
☐ Community Health
☐ Chronic/Long Term
☐ Critical Care
☐ Family
☐ Geriatrics
☐ Gynecology
☐ Home Health
☐ Obstetric/Perinatal
☐ Neonatal
☐ Occupational Health
☐ Oncology
☐ Pediatric
☐ Primary Care
☐ Psychiatric/Mental Health
☐ Rehabilitation
☐ School Health
☐ Other _____

Type of Contract

☐ New contract
☐ Renewal contract
☐ Updated information
☐ Global contract (all programs)
Undergraduate: ☐ BSN ☐ RN/BSN
Graduate: ☐ GEM ☐ MSN ☐ Certificate
☐ Program specific contract
Course _____
Student _____

Comments: _____

_____

_____

Faculty Requesting Contract _____ **Date** _____