

UTRGV Psychiatric Mental Health Nurse Practitioner Guidelines for Completion of the UTRGV Clinical Request Form

1. Present your letter of acceptance to the UTRGV PMHNP Post Master's Certificate Program when seeking an affiliation agreement and/or preceptorship for clinical practice opportunities.
2. The UTRGV Clinical Request Form is a fillable form and must be typed with every line completed for accuracy and to avoid delays.
3. This form is to be presented to **your** chosen clinical site.
4. Return to graduateschoolofnursing@utrgv.edu and PMHNP faculty when completed.
5. The PMHNP unit will begin communication with the contact person listed on the contact information agreement form.
6. The student will be notified by the Graduate program staff when the affiliation agreement negotiations are complete.
7. There are two types of affiliation agreements:
 - a. Standard – UTRGV Affiliation Agreement is processed and approved by the clinical site.
 - b. Non-Standard – the clinical site processes its own affiliation agreement for approval by the UTRGV authorizing official.
8. Affiliation agreements take from 30 to 90 days for processing and approval if information is accurate and complete.
9. Communication and negotiation between the clinical site and the University is frequent before approval is reached.



School of Nursing

Name: _____
Student ID _____ Faculty _____

Email: _____

Date: _____

- BSN
- MSN/ADM
- MSN/ED
- FNP
- PMHNP
- DNP

Clinical Request Form

Directions: Please complete all applicable sections. If a section doesn't apply to you, type n/a.

1. Facility Name _____
2. Facility Type & Services _____
3. Mailing Address _____
4. Physical Address _____
5. Telephone No. _____

6. Contact Person _____ Email _____

7. Individual responsible for approving agreement for facility:
Name _____ Title _____

(if different from above)

Email address _____

8. Preceptor Name: _____ Email _____
Telephone No: _____

9. Does facility have multiple sites which should be included in the agreement?
Yes No

10. Were clinical objectives shared Yes No (not at this time)

If, yes, please list on page 2. The student will present course objectives when the agreement is authorized, and clinical practice may begin. Each course has different objectives; however, the clinical practice expected is for patients across the lifespan.

11. Initiating Faculty _____ Telephone _____
Email _____

12. Department/Program _____

Clinical Objectives
