



N787 Nursing Education Practicum Enrollment Authorization Form

Graduate students completing the N787 for the Nurse Educator Certificate or PhD education requirement should complete this form indicating the Practicum Course Professor who will be supervising the practicum and in which School of Nursing course. If practicum will be outside of the School of Nursing: Students should contact Clinical Assistant Professor Mara Eisch Schweitzer, (608) 263-5290, moeischschwe@wisc.edu, for assistance with their practicum set up. Students must be in compliance before enrollment authorization is given.

Instructions:

- **Type Information** (you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- **Submit the completed form to the Academic Programs Student Services Offices Front Desk, Suite 1100.**
- **After this form has been processed by Academic Programs staff, an email will be sent to the student's wisc.edu email with the class number. This number is used by the student to enroll for N787 practicum seminar.**

STUDENT INFORMATION			
Campus ID		Student Name	
Phone Number		Email	
Indicate the semester/year(i.e. Fall 2016) you plan to take N787		Will this experience include contact with:	
Fall	20	<p style="text-align: center;">Research Participants</p> <p style="text-align: center;">Patients</p> <p>If yes to either, the student will be responsible to adhere to the School of Nursing's compliance program requirements, which include immunizations, trainings, and a background check. The Academic Programs Office will follow up with the student to initiate the compliance requirements.</p>	
Spring	20		
Summer	20		
indicate session: (8 week, 11 week, etc.)			
Number of Practicum Hours:		Begin Date:	End Date:
PRACTICUM INFORMATION (if completing the practicum within the UW-Madison School of Nursing)			
Course #	Practicum Course Professor Name	Course Professor Signature	Date
PRACTICUM INFORMATION (if outside of a UW-Madison School of Nursing class) (If more than one site, please complete the required information for the other site(s) on the reverse side of this form)			
Practicum/Preceptor		Phone #	Email
Institution/Agency Name/Unit			
Street Address			
City		State	Zip Code
Agency Human Resources Phone #			
N787 Professor Signature			Date
FOR OFFICE USE ONLY			
N787 Class Number	Compliance checked by:	Permission to enroll given by:	Date Student Emailed