**New Clinical Site Request Form- Submit Electronically**

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| --- | --- |
| Student Name: |  |
| Clinical Course for New Site Request:  (circle correct course) | DPT 726 DPT 800  DPT 732 DPT 802  DPT 804 |
| Facility Name and Location : |  |
| Practice Settings Available: |  |
| Contact at Facility: | Name:  Title:  Phone number:  Email: |
| CCCE Contact Information  (If Different Than Above) |  |

Students completing this form have confirmed the following:

* That the clinical site is interested in accepting CU DPT students for clinical internships
* That the clinical site is willing to establish and maintain an agreement with CU for several years, not just for one year or for one student

The DCE will contact the appropriate facility representative to facilitate the request to establish a clinical contract. During this process, the DCE will determine if the facility and staff meet the requirements for serving as a clinical site.

Student Acknowledgement:

I acknowledge that the information completed above is accurate. I understand that “cold calls” should not be made to potential sites. Students should have a previous relationship with the site prior to initiating.

If a new site agreement is developed and approved at a student’s request, the student acknowledges that it their obligation to accept placement at the site. The student also acknowledges that the decision for clinical site approval is determined by the DCE and that there is no guarantee that the site contract will be approved.

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Student Signature Date