Yale University School of Nursing
Master's Program
Student Clinical Sites and Preceptors

Clinical Rotations (Specialty Only)			
	Site (Practice Name, Town/State, Brief Description of Practice [ie, Adult Primary Care])	**Preceptor Name and Credentials**	**Comments**
Yr 1			
Yr 1			
Yr 1			
Yr 1			
Yr 2			
Yr 2			
Yr 2			
Yr 2			
Yr 2			