**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** |  |  |  |