



UNIVERSITY OF HAWAII, SCHOOL OF NURSING  
ADVANCED PRACTICE NURSING PROGRAM

**CLINICAL EXPERIENCE AGREEMENT FORM**  
**Form C**

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Address: \_\_\_\_\_ Clinical Site: \_\_\_\_\_

Course: N\_\_\_\_\_ Semester \_\_\_\_\_ Clinical Address: \_\_\_\_\_

STUDENT LEARNING OBJECTIVES:

*CLINICAL EXPERIENCE AGREEMENT FORM – Continued*

PLAN FOR MEETING OBJECTIVES:

EVALUATION MECHANISM:

*SIGNATURES:*

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_