

DEPARTMENT OF NURSING EDUCATION
DEL MAR COLLEGE

AGENCY CONTACT FORM

Date of Contact: _____

Type of Contact: Formal Meeting

Informal Meeting

(Formal meeting not warranted due to the nature
of ongoing communications with agency.)

Agency: _____

Agency Contact Person(s): _____

Fill in the information below or attach the letter sent to the agency regarding specific unit assignments.

Arrangements made for course _____ Level _____ unit/module _____

Faculty utilizing agency : _____

Units to be used : _____ Students per unit: _____

Clinical Lab Time : _____

Central Focus : _____

Other pertinent information: _____

Submitted by: _____