

Uplift CPE

Acknowledgement Form

I acknowledge receiving the student handbook, all related policies and procedures, and the syllabus with all templates, guidelines, and assignments. Having completed and attached my clinical materials consent form, I provide summary information below of my clinical placement site and site representative/mentor, as well as my emergency contact information during this online unit.

Clinical Site Name & Address:

Clinical Site Representative/Mentor:

Email:

Description of my site (in 5-7 sentences):

Emergency Contact Name:

Phone:

Emergency Contact Email:

Address:

CPE Student Signature

Date

CPE Unit Dates