

**UNIVERSITY OF ALABAMA SCHOOL OF NURSING  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
GRADUATE STUDIES**

**Guidelines for Masters Level Independent Study in Clinical Nursing Practice  
NUR 691**

**I. General Information**

- A. Independent Study in Clinical Nursing Practice is for the purpose of allowing students to engage in nursing practice activities that are in addition to the activities in the regular clinical sequence of courses in a given practice area or area of concentration. Students apply or test theories and knowledge obtained in established courses or in other independent study courses.
- B. Independent Study for Clinical Nursing Practice may be contracted for 1 - 6 semester hours of credit. Contracts require **PRE-APPROVAL** by the involved faculty
- C. An Independent Study in Clinical Nursing Practice is not intended to substitute for regular course offerings and should not be used for this purpose. In addition, enrollment in this course is not appropriate if the purpose of the independent study is to conduct research for which IRB approval is required; in this instance, students should enroll in NUR 690 or another course as recommended by faculty advisor.
- D. Prerequisite knowledge is approved by the faculty member sponsoring the Independent Study in Clinical Nursing Practice.
- E. Prior to the beginning of the student's practice experience, contracts or letters of agreement may need to be established with the facility being used for the independent study. Therefore, early planning for this independent study is necessary.
- F. Liability insurance fees are assigned to NUR 691 courses. Evidence of professional nurse licensure and CPR certification is required for registration in the course.

**II. Student Responsibilities**

- A. Contact the faculty member who will serve as sponsor for the Independent Study in Clinical

Nursing Practice, at least one semester in advance of the desired term for registration.

- B. Develop an Independent Study in Clinical Nursing Practice Contract (objectives, activities planned, and evaluation criteria) and submit it to the faculty sponsor for review and approval. [See the attached form.]
- C. Following faculty approval, register for the course. **Failure to obtain faculty approval may result in having to drop the course and bear any financial consequences resulting.**
- D. Complete activities outlined in the independent study contract within the semester for which the student has registered.

**III. Faculty/ Sponsor Responsibilities**

- A. Review the Independent Study contract and determine its appropriateness for the proposed hours credit.
- B. Assist the student in refining the contract.
- C. Determine whether a contract between the University of Alabama School of Nursing and the clinical facility of interest has been established and is on file in the official files. If a contract is not present, follow the policy/ guidelines for establishing an agreement/ contract to use a facility as a clinical practice site. A contract or letter of agreement must be on file prior to the beginning of the student's clinical practice experience.
- D. Monitor the Independent Study in Clinical Nursing Practice contract and evaluate the achievement of objectives.
- E. Submit the grade.

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**NUR 691 – Independent Study in Clinical Nursing Contract**

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**Prior to registration, faculty consent and signature for this Independent Study must be obtained.**

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NUR 691 Faculty

\_\_\_\_\_  
Faculty's Signature

\_\_\_\_\_  
Date

Contract Time Period (Term)

Fall Semester \_\_\_\_\_

Spring Semester \_\_\_\_\_

Summer Semester \_\_\_\_\_

\_\_\_\_\_  
Credit hours Allocated

**Contract/Letter of Agreement of File**

(If **NO**, one must be on file prior to the beginning of the clinical experience.)

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

**Learning objectives:** Be specific and state them in behavioral terms (You may use an attachment to this form.)

**Activities planned for meeting objectives:** Be specific and state in measurable terms.

**Names of collaborators (if applicable):**

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Name of Collaborator if appropriate

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Name of Collaborator if appropriate

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Name of Collaborator if appropriate

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Name of Collaborator if appropriate

**Evaluation criteria:**

**Projected schedule:**

**Projected completion date:** \_\_\_\_\_

**Grade/ Comments:**

mgh  
Revised 3/07