

**Graduate Preceptor Approval Form**

Prior to the beginning of the semester, you must have your preceptor approved by the Clinical Course Coordinator. You may not start your clinical hours until this form is returned to you with approval for your selected preceptor. Please submit your preceptor’s CV in addition to this form to the Clinical Course Coordinator.

|  |  |
| --- | --- |
| Student Name |  |
| Preceptor Name |  |
| Clinical Course / Population Focus |  |
|  |
| Practice Name |  |
| Practice Location |  |
| Primary Population Focus (i.e. Adult, Pediatrics or Women’s health) |  |
| Does this practice match the clinical course population requirements? |  |
| Will NP student see enough patients at this site? |  |
|  |
| Is the preceptor an APRN or Physician? |  |
| Active & Clear Florida Physician License? |  |
| Active & Clear Florida APRN License? |  |
| FL APRN License Number / Expiration Date |  |
| FL Physician License Number / Expiration Date |  |
| Years of Practice as Physician or APRN (must be at least 1 year) |  |
| Is the NP preceptor Board Certified through AANP or ANCC? |  |
| Is the physician preceptor Board Certified? |  |
| Is another site/preceptor required? (no more than 25% of clinical hours for the program may be completed with a physician) |  |
| Do we have an affiliation agreement with the organization the provider is associated with?(Check with Graduate Coordinator)\* |  |
| **FINAL APPROVAL?** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Course Coordinator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FNP Lead Clinical Faculty Signature Date

\*Final Approval can only happen if there is an ACTIVE affiliation agreement.