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Doctor of Nursing Practice

**INSTRUCTIONS:**

The student is responsible for filling out this information accurately. All information must be typed, not handwritten.

The student must save, print, and upload the completed worksheet to both Medatrax and the appropriate dropbox in their eCollege course once all the signatures have been acquired. The processing of this form will be delayed if information is incomplete, and/or inaccurate.

The student is also responsible for uploading a copy of the Preceptor’s CV to Medatrax and the appropriate dropbox in their eCollege course.

\*\*\*NOTE: The Preceptor may not be your direct supervisor and/or a family member.\*\*\*

**More than one Clinical Placement Worksheet is required if:**

* The preceptor works in a hospital but is employed by a Private Physician Group: A worksheet must be filled out for both the hospital and the Private Physician Group.
* The preceptor sees patients at multiple practice sites: A worksheet must be filled out for each practice site. (Refer to the guidelines in the Graduate Nursing Student Handbook.)

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**Directions for Submitting the Completed Application:**

1. Download the Preceptor Plan Application from your eCollege course
2. Save the Word document to your computer
3. Use your computer to enter the necessary information into the form
4. Save the completed form to your computer
5. Print your Preceptor Plan Application
6. Sign and date the printed application
7. Have your Preceptor sign and date the application
8. Have your Professor sign and date the application
9. Scan the completed application once all the signatures have been acquired to your computer
10. Submit the application to the appropriate dropbox basket in your eCollege course for approval by your instructor
11. Submit the application to Medatrax

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Doctor of Nursing Practice

Preceptor Plan Application

**Course Number and Title:** Choose the course number and title

**Number of Clinical Hours:** Enter the number of clinical hours required for this course

**STUDENT INFORMATION:**

**Name:** Click here to enter your full name Student ID: Click here to enter your student ID number

**Email:** Click here to enter your email address Phone: Click here to enter your phone number

**CLINICAL SITE INFORMATION:**

 **Site Name:** Click here to enter the full name of the Clinical Site

**Clinical Site Address:** Click here to enter the Clinical Site street address

 Click here to enter the city, Click here to enter the state Click here to enter the zip code

 Clinical Affiliation with PBA? [ ] YES [ ] NO *(If No, the student may request initiation of agreement, but it could take up to 4-6 weeks for approval of contracts. The student may not begin clinical hours until contracts are in place.)*

**ADMINISTRATOR (OR NURSE EDUCATOR) INFORMATION:**

**Name:** Click here to enter the Administrator’s full name **Title:** Click here to enter the Administrator’s title

**Email:** Click here to enter the Administrator’s email address **Phone:** Click here to enter the Administrator’s phone number

 **PRECEPTOR INFORMATION:**

**Name and Credentials:** Click here to enter the Preceptor’s full name and credentials

**Is the Preceptor a nurse?** [ ] YES [ ] NO

**If not, what is the Preceptor’s Profession?** Click here to enter the Preceptor’s Profession

**License Number:** Click here to enter the Preceptor’s license number

**State Issued:** Click here to enter the state that issued the license **Expiration Date:** Click here to enter a date

**Is the Preceptor Board Certified?** [ ] YES [ ] NO **Certification #:** Click here to enter the Preceptor’s Certification #

**Certifying Board (if applicable)**: Click here to enter the Preceptor’s Certifying Board

**Email:** Click here to enter the Preceptor’s email address **Phone:** Click here to enter the Preceptor’s phone number

The preceptor agreement permits nursing students of the Palm Beach Atlantic University School of Nursing Graduate Programs to participate in a student preceptorship in your facility.

Conditions of this program are as follows:

The Affiliation period will be Click here to enter a date to Click here to enter a date. The student, Click here to enter your name will be under the supervision of Click here to enter the Preceptor’s name, acting as preceptor. The student and preceptor will coordinate goals and outcomes in liaison with Professor Click here to enter your Professor’s name for this course, your faculty for the above course(s).

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_