

Clinical Preceptor Request Form

STUDENT:

I,	, agree that it is my responsibility to		
recommend an appropriate preceptor to meet the course requirements of clinical courses. I understand I am responsible to contact the Nurse Manager of the department/unit where I propose to do clinical hours with the preceptor and provide the Nurse Manager with the appropriate forms to submit to the Department of Nursing. I understand that I am also responsible to provide my potential preceptor with the appropriate Clinical Preceptor forms to be completed and submitted to the Department of Nursing. I verify that I have read the guidelines as to whom may serve as a preceptor, and I have discussed the requirements with the following person who agrees to serve as a preceptor for this course(s). I understand this preceptor must have the recommendation of their immediate nurse manager, be employed at the agency with whom there is a current agency contract, and must be approved by course faculty. I verify that I have read the Student and Preceptor Roles and Responsibilities for completion of clinical experiences, particularly for completing the required minimum of clinical hours with a preceptor for the course listed below. I understand that failure to complete clinical assignments, the number of required clinical hours, or any attempt to falsify records relating to clinical hours and/or assignments may result in failure of the clinical nursing course and dismissal from the program. I understand that completion of required clinical hours and assignments does not assure a passing clinical and/or course grade.			
		STUDENT INFORMATION: Signature	Student ID#
		Student Email:	Date
Print Preceptor Name:	Date Contacted:		
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Preceptor Employer:			
Preceptor Employer: Preceptor Business Email: so we may email you necessary documents)	ours		
Preceptor Employer:	Durs		