

**Clinical Preceptor Letter of Agreement**

This form is for the LPN-RN Online Program Only.

Student Name \_\_\_\_\_ Semester & Year \_\_\_\_\_

- Course:  Basic Medical – Surgical: 80 Precept Hours  
 Mental Health: 40-42 Precept Hours  Pediatrics: 40 Precept Hours  
 Advanced Medical – Surgical: 80 Precept Hours  Leadership: 40 Precept Hours

I, \_\_\_\_\_, agree to function as a preceptor  
(Print Preceptor Name)  
for \_\_\_\_\_, enrolled in Allegany College of Maryland’s LPN-RN  
(Student Name)

Online program. I will provide opportunities for this student to observe me in my role, provide direct supervision of the student during performance of any procedures as needed, provide feedback to the student regarding clinical performance, and complete the evaluation tools and return them to the course instructor by specified due dates.

I have read, understand and agree with the Preceptor Responsibilities. I agree to work with the student for the clinical hours identified above to facilitate the student in achieving identified goals. Once approved as a preceptor, I will review the Preceptor Orientation materials provided by the Department of Nursing.

I understand there is no remuneration or fringe benefits attached to this role. I am including my Professional Profile (Curriculum vita) for your files, as requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**PRECEPTOR INFORMATION: (Please print)**

Name of clinic/agency: \_\_\_\_\_

Work Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Required Professional Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Number of years as a Registered Nurse: \_\_\_\_\_

License: State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

**This form must be Signed by the Preceptor. Please Submit by:**

1) Scan and Emailed as an attachment to: ayounkin@allegany.edu  
2) FAXED to 301-784-5016 Attn: LPN to RN Online Nursing Program

Preceptor Orientation Information email on:  
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