



## Clinical Preceptor Request Form

### STUDENT:

I, \_\_\_\_\_, agree that it is my responsibility to  
(Print Name)

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: \_\_\_\_\_

Preceptor Employer: \_\_\_\_\_

Preceptor Business Email: \_\_\_\_\_

(so we may email you necessary documents)

### COURSE INFORMATION:

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

Semester/ Year of Clinical Experience:

- Fall/ Year \_\_\_\_\_
- Spring/ Year \_\_\_\_\_
- Summer/ Year \_\_\_\_\_

\*Due to Security purposes contact information MUST be a business email. Not personal email address will be accepted.

#### **This form must be Signed and Submitted:**

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

College Use Only: Preceptor Letter Agreement filed: \_\_\_ Yes \_\_\_ No Preceptor CV filed: \_\_\_ Yes \_\_\_ No

Site assessment form filed: \_\_\_ Yes \_\_\_ No Nurse Manager Form filed: \_\_\_ Yes \_\_\_ No

Preceptor Approved: Y or N Student Notified: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_