



Preceptor Orientation Acknowledgement

Dear Clinical Preceptor:

We are required to provide documentation that you have been provided Clinical Preceptor Orientation and Training information.

We are asking your cooperation in completing this form upon review of the information located on the Preceptor Orientation website at <http://www.allegany.edu/clinicalpreceptor>

Please sign and submit this form by:

1. Faxing to the Online LPN to RN Program at 301-784-5106 or
2. Sending as an attachment and emailing to rnclinicals@allegany.edu

Clinical Preceptor Orientation Acknowledgement

I, _____ acknowledge that I have been provided
(Clinical Preceptor Name)

information regarding my role and responsibilities as a clinical preceptor for Allegany College of Maryland's Nursing Program. I have access to information regarding the program philosophy and framework, as well as specific information related to program and course outcomes and clinical objectives. I have access to the evaluation tools necessary for me to provide an evaluation of the student's clinical experience.

I understand that at any time I may have a question or need guidance, I may contact the course faculty or the program director as listed in the orientation materials.

Print Clinical Preceptor Name

Clinical Preceptor Signature

Date: _____

Email: _____

Student Name: _____