



NURSE EDUCATOR/ PRECEPTOR QUALIFICATION FORM

Students: Please complete, including preceptor/ student signature section. Return as instructed by course faculty.

SECTION I: NAME, EDUCATION, EXPERIENCE

Preceptor Name-Must match name on Nursing license	Today's Date

Facility/Employer Name and contact information

Name of Original College of Nursing/Degree obtained	Date of Graduation
List any other Degrees in Nursing or Related Fields	Date of Graduation

Nursing Experience-Must have at least 2 full years RN work experience	Years and Months

COMPLETE EITHER SECTION II A OR II B OR BOTH

SECTION II A: CURRENT SPECIALTY CERTIFICATION (if applicable)

Name of Specialty Certification	Certifying Organization	Certification Valid Through

SECTION II B: DEMONSTRATED COMPETENCE

Describe your competency in the area of clinical practice in which you will be a preceptor

SECTION III: LICENSURE

State of Licensure	Licensure Type	License Number	Expiration Date
	RN		

SECTION IV: EMPLOYMENT – The preceptor may attach current resume or curriculum vitae. Each preceptor must demonstrate at least two years of nursing practice.

Employer name	Employer location	Dates of employment month/year to month/year	Unit or area of practice

SECTION V: VERIFICATION OF LICENSURE – The education program is required to maintain documentation of license verification for each preceptor.

SECTION VI: OHIO ADMINISTRATIVE CODE (OAC) RULES

Rule 4723-5-10(A)(5), OAC, specifies that a preceptor for an RN nursing education program shall have (a) completed an approved registered nursing education program; (b) have experience for at least two years in the practice of nursing as an RN with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) have a current, valid license as an RN. A BSN is preferred.

Rule 4723-5-11(A)(5), OAC, specifies that a preceptor for an PN nursing education program shall have (a) completed an approved practical nursing education program; (b) have experience for at least two years in the practice of nursing as an LPN with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) have a current, valid license as an PN.

Rule 4723-5-20(F), OAC, specifies that the teaching assistant or preceptor providing supervision of a nursing student shall at least:

- (1) Have competence in the area of clinical practice in which the teaching assistance or preceptor is providing supervision to a student;
- (2) Design, at the direction of a faculty member the student’s experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled;
- (3) Clarify with the faculty member
 - (a) The role of the teaching assistant or preceptor;
 - (b) The responsibilities of the faculty member;
 - (c) The course and clinical objectives or outcomes;
 - (d) The clinical experience evaluation tool; and
- (4) Contribute to the evaluation of the student’s performance by providing information to the faculty member and the student regarding the student’s achievement of established objectives or outcomes.

Rule 4723-5-20(G), OAC, specifies that a preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

SECTION VII: PRECEPTOR AND STUDENT SIGNATURES

1)

Preceptor Signature (attesting to accuracy of information) Date _____

2)

I, _____ (Preceptor Printed Name)

agree to act as a preceptor for

_____ (Student Printed Name)

From _____ (month/year) to _____ (month/year)

3)

I have a copy of the Preceptor Guidelines and understand that I will receive pertinent course and student evaluation materials from the lead faculty of the course with whom I have agreed to precept.

Preceptor Signature: _____ Date: _____

Email: _____ Phone: _____

Work address: _____

4) The College of Nursing Nurse Educator Student completes the following:

I understand that I cannot begin activities with preceptor until this form is signed by preceptor and student and returned as instructed. I am responsible for meeting the policies/procedures of the College and placement site; maintaining professional appearance and behavior; and meeting course responsibilities. I understand that I am responsible to keep my preceptor and faculty informed of learning needs and will seek assistance as needed from preceptor and faculty to achieve course outcomes.

Student Printed Name and Signature _____

Date _____

Student Name (as written on RN license) _____

Student RN License Information (State and Number)