

Preceptor agreements are individual contractual arrangements for supervision of students. Arrangements are initiated by the College of Nursing and negotiated with each agency. Clinical experience involves one or two students and is negotiated with the preceptor.

Role of the Faculty Member:

1. Assist student with identification of learning goals and objectives for the course
2. Provide preceptor with course material and evaluation forms
3. provides preceptor with information regarding demonstrated and documented ability level of the student, and expectations for student performance.
4. Communicate assignments, in conjunction with the preceptor, for the student's experience, consistent with the course objectives.
5. Facilitate student movement into the agency; match student with preceptor
6. Initiate interaction with preceptor regarding student clinical progress
7. Monitor student progress in achieving course objectives and provide ongoing feedback
8. Makes regular visits to each preceptor/student during the clinical experience to determine the efficacy of the clinical experiences and assess the student's performance, and
9. Evaluates each student's achievement and progress in relation to the clinical objectives or outcomes, with input from the preceptor.

Role of Clinical Preceptor:

1. Discuss learning needs with faculty and student related to course
2. Provide ongoing supervision and direction of student, at the direction of the faculty, consistent with precisely documented student ability level and expectations consistent with learning objectives
3. Assist student in professional development, with opportunities to explore the nursing role
4. Demonstrate ways in which the professional nurse interacts collaboratively
5. Provide ongoing feedback to faculty regarding student performance and experiences

Role of the Nursing Student:

1. Clearly identify learning needs and objectives with faculty and preceptor
2. Maintain professional appearance and behavior
3. Seek assistance with new or unfamiliar procedures
4. Communicate on a regular basis with faculty and preceptor to plan health care delivery
5. Seek feedback regarding clinical progress and completion of goals and objectives

The following is from the Ohio Board of Nursing Adopted Rules

<http://codes.ohio.gov/oac>

4723-5-01 Definitions. (AA) "Preceptor" means a registered nurse or licensed practical nurse who meets the requirements of this chapter, who provides supervision of a nursing student's clinical experience at the clinical agency in which the preceptor is employed, to no more than two students at any one time, and who implements the clinical education plan at the direction of a faculty member responsible for the course in which the student is enrolled. Effective: 02/01/2008

4723-5-10 For a preceptor as defined in paragraph (Z) of rule 4723-5-01 of the Administrative Code: (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code; (b) Experience for at least two years in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) A baccalaureate degree in nursing is preferred; and (d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs. Effective: 02/01/2008

4723-5-17 Program Contractual Relationships (A) When a program has any type of cooperative relationship with another entity or a separate division within the same entity including, but not limited to, clinical agencies, a written agreement with the cooperating entity shall: (1) Exist and be current; (2) Be entered into and signed by representatives of both the program and the entity or division with which is has entered into a cooperative relationship; and (3) Be on file at the program office. (B) When a program is using preceptors, the contract shall expressly set forth the expectations the preceptors are to fulfill. (C) A program proposing to utilize a facility for clinical experience in another jurisdiction or foreign country shall: (1) Contact the board of nursing or other entity regulating nursing in that jurisdiction or foreign country and document compliance with any and all requirements of that board or entity; and (2) Indicate on the annual report to the board that the faculty member or other instructional personnel who is supervising the student clinical experience in that jurisdiction or foreign country is in compliance with licensure requirements in the jurisdiction or foreign country where the clinical experience is occurring. Effective: 02/01/2008



SECTION I. NAME, EDUCATION, EXPERIENCE

Full Name: _____

Current Position: _____ Years/months in position: _____

Agency: _____ Years at current agency: _____

Original Nursing Education Program	Degree	Graduation Date
Other Colleges or Institutions Attended (nursing or related fields)	Degree	Graduation Date

COMPLETE EITHER SECTION IIA OR IIB OR BOTH:

SECTION IIA. CURRENT SPECIALITY CERTIFICATION

Name of Specialty Certification	Certifying Organization	Certification valid through:

SECTION IIB. DEMONSTRATED EXPERTISE

Describe your expertise in your area of clinical practice (copy current resume or vita is optional)

SECTION III. LICENSURE

State of licensure	Licensure number	Expiration date



PRECEPTOR AGREEMENT
College of Nursing

Health Science Campus MS1026, Collier Building 4424, 3000 Arlington Avenue, Toledo, OH 43614-2598

419.383.5859

I, _____
(Preceptor's Name)

am employed by _____
(Name of site)

and agree to act as a preceptor for students enrolled in the nursing programs selected below for the period
beginning _____ through _____.
(month/year) (month/year)

I have a copy of the Preceptor Guidelines and understand that I will receive pertinent course and student evaluation materials from the course coordinator of students with whom I have agreed to precept. I understand there is no remuneration or fringe benefits attached to this role.

Preceptor Signature: _____ Date: _____

Work Unit: _____ Phone: _____

Home Address: _____

Phone: _____ Email: _____

Faculty Signature

Date

Associate Dean Signature

Date

For the College of Nursing student matched with a preceptor, the student completes the following:

I understand that I am responsible for meeting the standards in policies/procedures of the agency; maintaining professional appearance and behavior; and providing safe client care. I understand that I will be expected to 1) keep the assigned preceptor and faculty informed about my learning needs in relationship to course objectives; 2) obtain assistance with procedures appropriately; 3) communicate frequently with the preceptor and faculty regarding client care and 4) seek feedback regarding clinical progress and completion of course requirements.

Student Signature

Date

Course