



BSN/ CNL Program PRECEPTOR QUALIFICATION FORM

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
Experience as RN	

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		
	X		

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.

Preceptor Signature (attesting to accuracy of information)

Date

Printed Name



I, _____
(Preceptor's Printed Name)

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.

Preceptor Signature: _____ Date: _____

Email _____
Address: _____

Phone: _____
Work Unit: _____

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 Printed Name & Signature Date Course