



PRECEPTOR LETTER OF AGREEMENT

Practicum is designed to support success on the National Council Licensure Examination (NCLEX®) and enhance the transition from the student role to a practicing registered nurse. The preceptor’s signature confirms agreement to serve as a preceptor for the senior nursing student during the current semester. Additionally, the preceptor’s signature validates review and compliance with the guidelines outlined in the Practicum *Orientation for Preceptors* document or web-based orientation @ www.jsu.edu/nursing/practicum. The Practicum will terminate at the end of the current semester.

AGREEMENT SIGNATURES

Student Signature: _____ Date: _____
 Preceptor Signature: _____ Date: _____
 Faculty Signature: _____ Date: _____
 Dean/Associate Dean Signature: _____ Date: _____

PRECEPTOR INFORMATION SHEET

Student Name: _____ Preceptor Name: _____
 Agency: _____ Unit: _____ Years of Experience _____
 Preceptor Contact Number: _____ (work) _____ (alt. number)
 Education: School _____ Degree _____ Year _____
 Education: School _____ Degree _____ Year _____
 Licensure: State _____ Number _____ Exp. Date _____
 Certifications: Title _____ Exp. Date _____

PRECEPTOR LETTER OF ENDORSEMENT

In compliance with the Practicum guidelines, preceptors should be a BSN prepared registered nurse with one year of clinical experience. If the assigned preceptor is an ADN prepared registered nurse, the following signature validates that the ADN preceptor has adequate nursing experience and critical thinking skills to provide a meaningful clinical experience.

Endorser Signature & Title _____ Date: _____