College of Nursing and Health Professions

Baccalaureate Nursing Program

Preceptor Agreement

Preceptors for the University of Southern Indiana (USI) Baccalaureate Nursing Program must have a minimum of 6 months experience as a registered nurse and an unencumbered RN license within the state in which they will be assigned. Please answer the questions below to complete this form.

- Preceptor Name: _____ (FIRST) _____ (LAST)
- Professional Registered Nurse (RN) License Number **(MANDATORY)**:_____
- Have you been a practicing Registered Nurse for 6 months or more? ____ YES _____ NO
- I currently have an active and *unencumbered nursing license. **An unencumbered license means a license that is not currently on probation, monitoring, suspension, and/or does not have any other type of limitation including current participation in an alternative to discipline program.* ____ YES ____ NO
- I have reviewed the **USI Preceptor and Student Guidelines** (see document for details).____ YES ____ NO
- I agree to serve as a preceptor for the USI Baccalaureate Nursing. Dates and times of the clinical experience will be determined by the student, preceptor, and clinical faculty. _____ YES _____ NO
- Title / Position (Registered Nurse, APRN, CNS, Nurse Practitioner, OTHER):_____
- Facility Name/Unit: _____
- Preceptor Preferred Email address: _____
- Course and Semester Information:
  - Course (N357, N358, N363, N364, N368, N455, N456, N461, N468, N488, N498, OTHER):_____
  - Semester (Fall/Year; Spring/Year; Summer/Year):_____

Preceptor Signature:_____ **Date:** _____

For office use only:

Date received: _____ **Approved as a Clinical Preceptor:** _____**yes** _____**no**
Faculty Signature: _____ **Date:** _____
Approved ~~**10/2022**~~ ~~**1/2023**~~ **08/2024**