

**Undergraduate Nursing Program
Preceptor Agreement**

Preceptors for the undergraduate nursing program are chosen in collaboration with the clinical facility's management and leadership team. Each preceptor must have a minimum of 18 months nursing experience as a registered nurse and an unencumbered RN license within the state in which they will be assigned.

- As a preceptor, I have reviewed the clinical expectations and agree to provide the student with clinical experiences that meet the course and clinical objectives. I will facilitate the learning objectives, review the student's performance with the student and provide feedback to the course faculty. I understand there will be no remuneration for this service.
- I agree to serve as a preceptor for the University of Southern Indiana Undergraduate Nursing Program for a period of one year unless I submit written notification of termination of the agreement. Dates and times of the clinical experience will be determined by the student, preceptor, and clinical faculty.

Preceptor Information

Title / Position: _____

Highest Nursing Degree: _____ Certifications: _____

Facility Name: _____ Unit or Office: _____

Facility Address: _____

City: _____ Zip: _____ Unit or Office Phone: _____

Preceptor Preferred Email address: _____

Professional License Number _____ Month and Year First Issued _____ State Issued: _____



Preceptor Name (please print)

Preceptor Signature

Date

For office use only:

Date received: _____ Approved as a Clinical Preceptor: _____ yes _____ no

Faculty Signature: _____ Date: _____

Approved 10/2022