



NURS 480: Preceptor Agreement Form

Expected Course Start Date: _____ Academic Year: _____

Academic Term: Spring I Summer

Student Information:

First Name: _____ Last Name: _____

Student ID: _____ Phone Number: _____

MU E-mail: _____ RN License #: _____

State of Licensure: _____

(Must be licensed in the same state as the practicum site or have a multistate license that includes this state)

Expiration Date: _____ Is the license a compact/multistate license? YES NO

Clinical Practicum Site Information:

Site Name (Full Name, not initials): _____

Are you employed at this facility? YES NO

Street Address: _____ Zip: _____

City: _____ County: _____

State: _____

Clinical Practicum Site Affiliation Agreement Information:

Students and/or Preceptor MUST confirm with the facility if an Affiliation Agreement (AA) is required and provide contact information for the personnel who verified the information. Please make certain you are contacting the correct person/department at the clinical facility regarding the need for an Affiliation Agreement. This is typically handled through the facility's Human Resources, Clinical Education, or Administration. Verifying only with the preceptor is NOT acceptable.

Failure to correctly identify and document facility AA needs may result in AUTOMATIC COURSE FAILURE.

Check beside only ONE of the statements below to indicate the preceptorship site requirements for a formal Affiliation Agreement (AA) with Muskingum University and provide the contact information for the personnel it was verified with:

- Affiliation agreement is NOT required for my clinical practicum site.
- Affiliation agreement is already in place.
- The agency/clinical site requires a formal clinical affiliation agreement with MU.

Clinical Site Contact's Name: _____ Contact's Email: _____

Contact's Job Title: _____ Phone Number: _____

Preceptor Information:

First Name: _____ Last Name: _____

Highest Level of Degree Earned in Nursing: (e.g., BSN, MSN, DNP) _____

RN License #: _____ Expiration Date: _____

Phone Number: _____ State of Licensure: _____

(Must be licensed in the same state as the practicum site or have a multistate license that includes this state)

E-mail: _____ Leadership Role/Title: _____

Is the license a compact/multistate license? YES NO

Agreement Statement:

By signing below, I agree to serve as a Preceptor for a Muskingum University nursing student currently completing coursework in a Bachelor of Science in Nursing program. I confirm that I have the required BSN or higher degree in Nursing. I understand that I will be working with this student as he/she develops and implements a clinical practice project over an eight-week RN-to-BSN course. As the preceptor, I will provide guidance for the student and receive updates on his/her progress. I understand that the student will provide me with a copy of the course syllabus and answer any questions I may have regarding the project.

I further understand that at any time I may contact Muskingum University (maceyc@muskingum.edu 740-826-6168) if I have any concerns or need additional support.

Typed signatures will NOT be accepted. Signatures must be signed in pen.

Required Signatures:

Student: _____ Date: _____

Preceptor: _____ Date: _____