

## Graduate Nursing Program Preceptor Agreement Form

1. Form initiation- To be completed by the CLINICAL COORDINATOR:			
<ul> <li>* Student Name: Autumn Martin</li> <li>* Student Telephone Number: 770-316-8738</li> <li>* Student Email Address: autumn.martin@bobcats.gcsu.edu</li> </ul>			
* Semester and Year of placement: Fa11 2019 * Course Name & Number: NRSG 7030 Projected Number of Clinical Hours with this Preceptor this S	emester: 20		
<ul> <li>* Course Coordinator/Faculty Name: Dr. Monica Ketchie</li> <li>* Course Coordinator/Faculty Email: monica.ketchie@gcsu.ed</li> <li>Course Coordinator/Faculty Phone Number:</li> </ul>	u		
* Preceptor Name: shannon Derritt * Preceptor Email Address: shannon.merritt@gcsu.edu * Practice Agency Name: First choice primary care			
* Practice Agency Address: 207 green street Street	Warner robins City	Ga State	31069 Zip

## 2. To be signed/approved by the PRECEPTOR:

\* I agree that the student specified above will obtain clinical or administrative experience under my supervision at the agency specified above. The University will not provide remuneration for either the preceptor or the student. The student is expected to participate in a variety of clinical or administrative experiences as negotiated with the preceptor and approved by the supervising faculty member. The specific type of experience will be based upon the course outcomes and clinical goals as defined in the curriculum of the nursing program and the services provided at the agency.

The supervising faculty member will assist the student in developing learning goals, identifying areas of strengths and weaknesses in the student's practice, selecting appropriate learning experiences, and evaluating the student's performance. The faculty member will work collaboratively with the student and preceptor to facilitate and evaluate learning experiences.

I understand that I need to complete the <u>Preceptor Qualification Record</u> as a one time submission to be kept on file with the School of Nursing.

The following clinical documentation is required of all students in our graduate programs and is available to your agency upon request by email to ClinicalCoordinator@gcsu.edu

- Physical Exam
- Flu Vaccine • Malpractice Insurance • PPD and vaccination record
- Urine Drug Screen
- Background Check
- Verification of HIPPA training
- Current Nursing License
  - American Heart Association CPR certification

Amt Preceptor's Signature/Approval: Date approved by preceptor: 10/2/2017910595385.58 PM EDT

## 3. To be signed/approved by the STUDENT:

\* Student's Signature:

\* Date approved by student 190/3/2019 | 11:48 AM EDT

## 4. Final Approval: to be completed by the Course Coordinator:

Approval by Course Coordinator/signature: Moncia ketchic Date approved by course coordinator: 10/3/2010044FED34338 PM EDT