



California State University, Stanislaus
School of Nursing

ADVANCED CLINICAL NURSING PRECEPTOR QUALIFICATIONS

Fax to: CSUS School of Nursing. (209) 667-3690- Attn: Wendy Matthew

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Name: _____ Date: _____

Work Phone # _____ Home/Cell Phone # _____ E-Mail _____

Address: _____

May contact information be shared with student? Yes _____ No _____

California RN License and expiration date (**Include a copy**): _____

Current Position: _____

Current Work Schedule (Shift, # of Hours worked per shift, # of Hours worked per week):

Area of Concentration in which you are prepared to precept: _____

Professional Certification(s) : _____

If you have attended a CSU Stanislaus preceptor workshop in the past, please indicate which year: _____

EDUCATION (Please list most recent first)

<i>Educational Institution</i>	<i>Degree</i>	<i>Course of Study (Nursing, Education, Biology etc)</i>	<i>Date Obtained</i>

EMPLOYMENT: (Current position first, and previous 10 years of nursing experience).

<i>Employer/Address</i>	<i>Type of Unit/Position/Duties/Responsibilities</i>	<i>Dates</i>

A preceptor will have the following minimum qualifications:

1. A baccalaureate or higher degree in nursing from an accredited institution for pre licensure and RN-BSN students.
2. A Masters or higher degree in nursing from an accredited institution for MSN students.
3. Current unencumbered licensure as a registered nurse in state where clinical will be completed.
4. A minimum of 1 year experience as a registered nurse (at least 1 year in area of clinical specialty) as per BRN requirements 1426.1 Preceptorship (please see below).
5. Willingness to work closely with faculty.
6. Willingness to participate in the evaluation of the student.
7. Demonstrates expertise in nursing leadership and management.
8. Recommendation of the nurse manager or immediate supervisor.

Preceptors may not be:

1. A relative of the student.
2. An immediate supervisor of the student.
3. An employee of the student.
4. A co-worker of the student.
5. In any other role that could present a conflict of interest.

Board of Registered Nursing Requirements:

1426.1. Preceptorship

A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply:

- (a) The course shall be approved by the board prior to its implementation.
- (b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:
 - (1) Identification of criteria used for preceptor selection;
 - (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;
 - (3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements:
 - (A) An active, clear license issued by the board;
 - (B) Clinically competent, and meet the minimum qualifications specified in section 1425(e);
 - (C) Employed by the health care agency for a minimum of one (1) year; and
 - (D) Completed a preceptor orientation program prior to serving as a preceptor.
 - (E) A relief preceptor, who is similarly qualified to be the preceptor is present and available on the primary preceptor's days off.

- (4) Communication plan for faculty, preceptor, and student to follow during the preceptorship that addresses:
- (A) The frequency and method of faculty/preceptor/student contact;
 - (B) Availability of faculty and preceptor to the student during his or her preceptorship experience;
 - 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
 - 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.
 - (5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, that include the following activities:
 - (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
 - (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;
 - (6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and
 - (7) Plan for an ongoing evaluation regarding the continued use of preceptors.

(c) Faculty/student ratio for preceptorship shall be based on the following criteria:

- (1) Student/preceptor needs;
- (2) Faculty's ability to effectively supervise;
- (3) Students' assigned nursing area; and
- (4) Agency/facility requirements.

Note: Authority cited: Sections 2715 and 2786.6, Business and Professions Code. Reference: Sections 2785-2788, Business and Professions Code.

I, _____, agree to act as a preceptor for students enrolled in
(preceptor's name)
the nursing program selected below for the period beginning _____ through _____.
(month/ year) (month/year)

I have a copy of the preceptor guidelines and understand I will receive pertinent course and student evaluation material from the faculty of students I have agreed to precept.

Preceptor Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

I understand that I am responsible for meeting the standards in policies/procedures of the agency; maintaining professional appearance and behavior; and providing safe patient care. I understand I will be expected to 1) keep the assigned preceptor and faculty informed about my learning needs in relation to course objectives; 2) obtain assistance with procedures appropriately; 3) communicate frequently with the preceptor and faculty regarding patient care; 4) seek feedback regarding clinical progress and completion of course assignments.

(Student Signature) (Date) (Course)