WILLIAM PATERSON UNIVERSITY

School of Nursing – Graduate Program
Wayne, NJ 07470
973-720-3511

<u>**STUDENT INFORMATION REQUEST FORM**</u>

Submission Deadline Dates

<u>Spring Semester   Oct. 31   Summer Semester March 31   Fall Semester   May 31</u>

Date Submitted:_____ Semester ‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾‾ 20____

Student 855#_____   **(Fall, Spring, Summer)**

Student Name:_____

Practicum Course # NUR _____   Post Master's Certificate Program ☐ Yes ☐ No

Track

     (AGNP)   (FNP)   (Administration)   (Educator)

Student's Place of Employment: _____

Phone #: Home:_____ Cell:_____ Work:_____

You are required to seek out a preceptor and a potential site for your practicum experience. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Please include the name, title and credentials of the prospective preceptor when filling out this form. Once forms are completed, upload information into Exxat under Coursework-Course#-View Details-My Request-Add Request. Click save and submit to send your placement request.

Upon approval, by the NP coordinator, a confirmation of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Any changes, additions/deletion of clinical preceptors must be sent to Mrs. Jennings by email at: jenningsj3@wpunj.edu.

*William Paterson University Graduate Nursing Program does not provide honorariums for services as a preceptor.

Upon approval, by the NP coordinator, confirmation of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Until the signed confirmation of clinical placement form is returned to our office, students are NOT to start their clinical. The confirmation of clinical placement form is considered a "contract" between the WPUNJ and the clinical preceptor/ agency. It is the responsibility of the student to follow this process.

All clinical clearance documentation requirements are due **14 days prior** to the start of the clinical course. If a student is not cleared 7 days prior to the start of the first day of their clinical course, they will be **administratively dropped without warning. NO EXCEPTIONS**

 * Student fills out page 1, preceptor fills out page 2 & page 3   Upload information into Exxat

*Clinical placement is **only finalized** when **all requirements** (compliance, preceptor/faculty, location/contract, overall status) **have been approved.**

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ON-GROUND MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

Preceptor fills out pg. 2 & pg. 3

Date: _____   Semester: _____

Student's Name: _____

Preceptor Name & Credentials: _____

Population Focus (& specialty if applicable) Area of Practice _____

Preceptor's Facility _____

Preceptor **Business** Address: _____

Street _____

City, State & Zip _____

Phone: _____ FAX: _____

EMAIL: _____

Preceptor's Unit/Type of Site
(e.g., clinic, private practice, primary care setting, etc.)

Characteristics of Patients:
   a) Gender _____
   b) age (children, young adult, adult, elderly) _____
   c) ethnicity _____
   d) primary languages spoken in office _____

Healthcare experience _____
(e.g., primary care, chronic, in-hospital)

MUST BE COMPLETED BY PRECEPTOR:
NP Preceptors complete a-f, **MD** Preceptors complete d-f

    a) Certification (specify type e.g. adult or family) _____

    b) (specify certifying body e.g. ANCC or AANP) _____

    c) (specify expiration date) _____

    d) Years of practice in the population focused or specialty area: _____

    e) Number of students precepted concurrently: _____

    f) State licensure #_____
       _____expiration date

==**Please also upload a copy of your preceptor's CV or Resume in Exxat (REQUIRED)**==

NP's - please make sure your certification & expiration dates for ANCC and/or AANP are on your CV/Resume. This is a requirement of our accreditor, CCNE.

Rev: 2024

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