

SCHOOL OF NURSING

WILLIAM PATERSON UNIVERSITY

Graduate Program
Wayne, NJ 07470
973-720-3501

ONLINE MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

Submission Deadline Dates

Spring 1: Sept 30 Spring2: Nov 30 Summer 1: March 30 Summer 2: April 30 Fall 1: May 31 Fall 2: July 31

Date Submitted: _____ Semester _____ 20____
(Fall, Spring, Summer)

Student Name: _____

Practicum Course # NUR _____ Certificate Program _____ Yes or _____ No

Track _____
(AGNP) (FNP) (Administration) (Educator)

Student's Place of Employment: _____

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

Preceptor Name & Credentials:

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

Preceptor's Facility _____

Preceptor **Business** Address: _____

Street _____

City, State & Zip _____

Phone: _____

FAX: _____

Email: _____

Part II

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

General Characteristics of Patients in the clinical site:

- 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)

FOR THE STUDENT:

You are encouraged 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. If any of the required fields are missing, note that it will delay processing your paperwork and this form will be returned to you for completion. Please email the completed form to Ivy, Online Clinical Coordinator at: sosobani@wpunj.edu. Furthermore, any changes, additions/deletion of clinical preceptors must be also sent to Ivy by email at: sosobani@wpunj.edu.

Changes after the deadline may take an additional two months to complete the agreements and confirmation. Upon approval, a letter, 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 the 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. If the signed confirmation of clinical placement form is not received by the due date as outlined in the WP Online Clinical Requirement Video, the student must drop all clinical classes, and resume the following semester on a seat availability basis. It is the responsibility of the student to follow this process. You will receive an email from the Online Clinical Coordinator once we receive the signed Confirmation of Clinical Placement form from your preceptor.

***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**

Part III

MUST BE COMPLETED BY PRECEPTOR:

NP Preceptor complete a-f, MD Preceptor 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

Please also send a copy of your CV or Resume (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.

Send completed form to sosobani@wpunj.edu

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

Rev: 2023