

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

PRACTICUM / STUDENT / PRECEPTOR INFORMATION REQUEST FORM
DOCTOR OF NURSING PRACTICE PROGRAM

Submission Deadline Dates

Spring Semester - Oct. 31 Summer Semester- March 31 Fall Semester - May 31

You are required to seek out a preceptor and a potential site for your practicum experience. The DNP student is required to select a clinical preceptor, with a minimum of a master's degree, outside of their current work setting. An exception may be in large organizations, for example, where the DNP student would be placed with a clinical preceptor outside the department or unit where they are employed. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Students are required to submit the Practicum/Preceptor Information Request Forms to Mrs. Jennings (by email at jenningsj3@wpunj.edu by the submission deadline dates. Please include the name, title and credentials of the prospective preceptor when filling out this form.

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

Upon receipt of this information, Mrs. Jennings will forward to the DNP practicum faculty for approval of the clinical site/preceptor. Upon approval of your preceptor by the DNP practicum faculty, a letter, Confirmation of Clinical Placement for Graduate Student, 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.

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



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Spring Semester Oct. 31 Summer Semester March 31 Fall Semester May 31

Date Submitted: _____ Semester _____

Student 855# _____ (Fall, Spring, Summer)

Student Name: _____

Practicum Course # NUR _____

Student's Place of Employment:

(NOT Practicum site) _____

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

*Student fills out pg. 1 (DNP Student Information Request Form)
Preceptor fills out pg. 2 & pg. 3 (Preceptor Information Request Form)

Send completed form to jenningsj3@wpunj.edu