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 Jan. 2 Summer Semester April 30 Fall Semester Aug. 1

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

Student 855#_____

Student Name:_____

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

Track Select

(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, confirmation of clinical email, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Until the signed confirmation email is submitted, students are NOT to start their clinical. The confirmation of clinical placement email is considered a "contract" between the WPUNJ and the clinical preceptor/ agency. It is the responsibility of the student to follow this process.

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

* 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**.

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

DNP PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

PLEASE SUBMIT TO THE DEPARTMENT OF NURSING GRADUATE PROGRAM NO LATER THAN THE SUBMISSION DEADLINE DATE ON PAGE 1

Date Submitted: _____

If any of the required fields are missing it will delay processing your paperwork and this form will be returned to you for completion

Student's name _____

Semester Select

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 _____

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 _____

g) **Please upload a copy of your CV or Resume (REQUIRED)**

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

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