

# SCHOOL OF NURSING

WILLIAM PATERSON  
UNIVERSITY

UNIVERSITY HALL 354  
300 POMPTON ROAD • WAYNE, NEW JERSEY 07470-2103  
973.720.3511

## Graduate Program Master of Science In Nursing Program MSN Practicum Employer Acknowledgment

MSN Student \_\_\_\_\_ On-ground program      WP Online program

Place of employment: \_\_\_\_\_

Unit/Department \_\_\_\_\_

Dear Employer:

The student named above, who is an employee of your institution, has requested to complete his/her MSN practice hours at your institution. These practice (clinical) hours may not be completed during the student's normal work time, or any time that the student is carrying out any responsibilities that are a requirement of their official position.

Any practice hours must be completed outside those hours of expected clinical, administrative or service hours deemed part of their employment. This clinical practicum begins on \_\_\_\_\_ and ends on \_\_\_\_\_.

By signing this form, I acknowledge that \_\_\_\_\_ will not  
MSN Student's Name

be using work time as part of this clinical practicum experience.

Organization/Administrative Director Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Name of Student's Preceptor \_\_\_\_\_

Position/title \_\_\_\_\_ Date \_\_\_\_\_