

GEORGIA COLLEGE AND STATE UNIVERSITY
 COLLEGE OF HEALTH SCIENCES
 School of Nursing
 NRSG 4980

Personal Learning Contract/Preceptor Agreement Form (kept on file for each preceptor)

Student Information:

Semester (insert current semester):_	Clinical Hours: up to 240 hours
Student Name (please print or type)	Student Telephone Number: Home: Cell:
Student PERMENENT Mailing Address: (where you will receive mail upon graduation)	Student PERMENANT email address: (where you will receive mail after graduation)
Do you expect to be employed during practicum?	YES _____ NO _____
	Agency/Unit: Shift: Number of Hours:
Will you need any special resources for this practicum experience?	

Preceptor Information: To be completed by faculty/preceptor at initial student meeting. Only released to student following approval of learning objectives and initial contact of preceptor by a faculty member.

Preceptor Name (please print)		Preceptor Phone Number: Cell: Work:
Clinical Agency/Hospital Name:	Assigned unit/floor/shift:	Preceptor email address:
Clinical Agency Address:		Additional Preceptor Comments:

Faculty Information: To be completed by the assigned clinical faculty member at initial student meeting.

Faculty Name (Please print):	Faculty Office Phone Numbers (voice messages are pushed through to email): Please provide the student name, the preceptor name/facility and a contact number and someone will return your call ASAP
Faculty email address:	Additional Faculty Comments: Please contact us with any questions or concerns.

Student Responsibility: The student is expected to participate in a variety of clinical or administrative experiences as negotiated with and approved by the preceptor and faculty mentor. The specific type of experiences will be based upon the personal learning objectives, noted strengths and weaknesses, structure of the agency and nursing program curriculum. You will adhere to all policies and procedures outlined in the GCSU handbook, the BSN nursing handbook, the practicum handbook, the syllabus, and the course website.

Preceptor Responsibility: The preceptor is asked to assist the student with identification and selection of appropriate learning experiences to meet course and personal learning objectives; to serve as a role model, resource person, and teacher for the student; and to work collaboratively with the student and faculty member to facilitate and evaluate learning experiences (see copies of course syllabus, personal learning objectives attached). The preceptor is asked to provide feedback in the form of a midterm and final evaluation (see attached form) and to notify supervising faculty of problems or concerns in a timely manner. See the practicum handbook for additional information.

Faculty Member Responsibility: The faculty member will work collaboratively with the student and preceptor to facilitate and evaluate learning experiences. In accordance with Georgia State Board of Nursing (GSBON) Rules the

assigned faculty member (or a designated proxy faculty) will be readily available to the preceptor and student during practicum hours and will meet with students and preceptors prior to and throughout the learning process. The faculty member will assist the student with development of personal learning objectives/goals, identification of strengths and weaknesses in the student’s practice, selection and approval of appropriate learning experiences, and evaluation of student performance. See the practicum handbook for additional information.

CRITICAL COMPONENTS OF CLINICAL INTERNSHIP

Students must immediately notify your assigned faculty member and preceptor of any changes in your clinical schedule. Incidents must be reported to your faculty member immediately. Please use the numbers and contact instructions in the “Faculty Information” section of this contract.

All aspects of the GC&SU dress code will be followed.

Students will not be in the clinical setting on designated university holidays, class days, or university breaks (fall/spring).

In the clinical setting:

- Do not insert an IV catheter without direct supervision.
- Do not insert an IV catheter on anyone other than a client in assigned facility.
- Do not administer medications without direct supervision.
- Medications must be checked by the preceptor or designated nurse prior to administration.
- Hospital policy must be followed regarding heparin drips, blood administration and cancer and cardiac medications.
- Students will not witness any documents.
- Noninvasive procedures will be approved by preceptor prior to performing without assistance.
- Student will take advantage of all opportunities afforded to them.
- Students shall not be paid by the practice setting for any clinical experiences (SBON 410-8-.06-2)

By signing below, it is formally agreed that the student specified above will obtain clinical experience under the supervision of the above named preceptor at the agency specified and the above named faculty member and/or a designated faculty proxy. The University will not provide remuneration for either the preceptor or the student.

Please review all attachments with student prior to signing.

STUDENT’S SIGNATURE _____ DATE _____

FACULTY’S SIGNATURE _____ DATE _____

PRECEPTOR #1 SIGNATURE _____ DATE _____

PRECEPTOR #2 SIGNATURE _____ DATE _____

PRECEPTOR #3 SIGNATURE _____ DATE _____

Instructions:

1. Faculty Mentor will complete when preceptor information is confirmed
2. Faculty Mentor will review with students and preceptor
3. Students will obtain preceptor signature at first shift
4. Student will upload a single file pdf or MS Word electronic copy of this document titled titled **studentname_date_PLC_semester** to the assignment dropbox “personal learning contracts.”
5. The document should be updated each time a preceptor is added.
6. Documents not uploaded and/or titled properly will be deleted and counted as missing and clinical hours not counted.