



If you have questions or require assistance, please contact the clinical coordinator by email (ClinicalCoordinator@gcsu.edu)

Graduate Nursing Program Preceptor Agreement Form

1. Form initiation- To be completed by the CLINICAL COORDINATOR:

* Student Name: [Redacted]

* Student Telephone Number: [Redacted]

* Student Email Address: [Redacted]@bobcats.gcsu.edu

* Semester and Year of placement: Spring 2020

* Course Name & Number: NRS 7000
Projected Number of Clinical Hours with this Preceptor this Semester: 75-80

* Course Coordinator/Faculty Name: Dr. Sheryl Winn
* Course Coordinator/Faculty Email: sheryl.winn@gcsu.edu
Course Coordinator/Faculty Phone Number: 478 445-1076

* Preceptor Name: [Redacted]

* Preceptor Email Address: [Redacted]

* Practice Agency Name: Urgent MD Family Care Center

* Practice Agency Address: [Redacted] [Redacted] Ga 30673
Street City State Zip

2. To be signed/approved by the PRECEPTOR:

* I agree that the student specified above will obtain clinical or administrative experience under my supervision at the agency specified above. The University will not provide remuneration for either the preceptor or the student. The student is expected to participate in a variety of clinical or administrative experiences as negotiated with the preceptor and approved by the supervising faculty member. The specific type of experience will be based upon the course outcomes and clinical goals as defined in the curriculum of the nursing program and the services provided at the agency.

The supervising faculty member will assist the student in developing learning goals, identifying areas of strengths and weaknesses in the student's practice, selecting appropriate learning experiences, and evaluating the student's performance. The faculty member will work collaboratively with the student and preceptor to facilitate and evaluate learning experiences.

The following clinical documentation is required of all students in our graduate programs and is available to your agency upon request by email to ClinicalCoordinator@gcsu.edu

- Physical Exam
- Flu Vaccine
- Verification of HIPPA training
- Malpractice Insurance
- PPD and vaccination record
- Current Nursing License
- Urine Drug Screen
- Background Check
- American Heart Association CPR certification

Preceptor's Signature/Approval: [Redacted]

Date approved by preceptor: 2/19/2020 | 12:15 PM PST

3. To be signed/approved by the STUDENT:

* Student's Signature: [Redacted]

* Date approved by student: 2/19/2020 | 3:20 PM EST

4. Final Approval: to be completed by the Course Coordinator:

Approval by Course Coordinator/signature: [Signature]

Date approved by course coordinator: 2/19/2020 | 4:54 PM EST