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GEORGIA COLLEGE
GEORGIA'S PUBLIC LIBERAL ARTS UNIVERSITY

If you have questions or require assistance, please contact Dr. Gail Godwin by email (gail.godwin@gcsu.edu)

Graduate Nursing Program Preceptor Agreement Form

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

* Student Name: Gail Godwin
* Student Telephone Number: 470 522-9270
* Student Email Address: gail.godwin@gcsu.edu

* Semester and Year of placement: Spring 2019
* Course Name & Number: NRSG 7200
  Projected Number of Clinical Hours with this Preceptor this Semester: 90

* Course Coordinator/Faculty Name: Flor Bondal
* Course Coordinator/Faculty Email: flor.culpabondal@gcsu.edu
  Course Coordinator/Faculty Phone Number:

* Preceptor Name: [redacted]
* Preceptor Email Address: [redacted]
* Practice Agency Name: Ridgeview Institute Monroe
* Practice Agency Address: 709 Breedlove Dr. (Street) Monroe (City) GA (State) 30655 (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.
I understand that I need to complete the Preceptor Qualification Record as a one time submission to be kept on file with the School of Nursing.

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

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

DocuSigned by:

Preceptor's Signature/Approval:
Date approved by preceptor: 1/18/2019 | 6:13 AM PST

3. To be signed/approved by the STUDENT:

DocuSigned by:

*** Student's Signature:** Gail Godwin
*** Date approved by student:** 1/18/2019 | 9:38 AM EST

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

DocuSigned by:

Approval by Course Coordinator/signature:
Date approved by course coordinator: 1/18/2019 | 10:25 AM EST