

**The Pennsylvania State University**  
**College of Nursing**  
**Preceptor Agreement Form N848**  
**Synthesis and Application of the Nurse Administrator Role**

Date:  Semester:  Year:

Student's Name:

Student Mailing Address:

Student Tel #:  Student E-mail:

**COURSE OBJECTIVES:**

Upon completion of the course, the student will be able to:

Demonstrate varied aspects of the nurse administrator role in a healthcare setting.

1. Synthesize and demonstrate knowledge of organizational and leadership theories and strategies in the nurse administrator role.
2. Demonstrate the use of fiscal and strategic planning and budgeting concepts in a healthcare setting.
3. Evaluate strategies for the management of human resources and work force issues in a healthcare setting.
4. Analyze factors influencing the multiple roles of the nurse administrator in complex healthcare settings.

**PRECEPTOR INFORMATION:**

*(Include certifications & degrees)*

Preceptor Name  Preceptor Signature:

Administrative Title & Unit Location:

Name of Agency:

Office Name & Address:

Office Telephone #:  Office Fax #:

**REQUIRED SIGNATURES:**

Student Signature:  Date:

Course Coordinator Signature:  Date:

Preceptor Signature:  Date:

**Form Instructions:**

This form should be scanned and uploaded to the designated clinical forms location. Please scan in a portable document format (.pdf).