The Pennsylvania State University
COLLEGE OF NURSING
Preceptor Agreement
Form N864: Adult Gerontology Acute Care Nurse Practitioner Integrative Practicum

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

1. Synthesize theoretical, scientific, and contemporary clinical knowledge for the assessment, diagnosis, and management of complex acute, critical, and chronically ill patients.

2. Integrate comprehensive, individualized management strategies based on research, clinical practice guidelines, and individual patient and family needs.

3. Utilize advanced health assessment skills to perform appropriate comprehensive or focused examinations and differentiate normal from abnormal.

4. Incorporate information from the health history, physical examination, diagnostic tests to identify differential diagnoses and priorities of care.

5. Implement a collaborative comprehensive plan of care to maximize physical and mental health, considering the indications, contraindications, risk of complications, and cost benefit of diagnostic tests and therapeutic interventions.

6. Perform diagnostic and therapeutic interventions to evaluate and stabilize rapidly changing health problems.

7. Individualize therapeutic interventions and teaching strategies related to social, cultural, spiritual, bioethical, and economic needs to the patient and family.

8. Collaborate with other health care professionals to deliver evidence-based, safe, and cost-efficient health care.

9. Integrate standards of professional behavior and accountability in the implementation of the Acute Care Nurse Practitioner role.

10. Implement the role of the Acute Care Nurse Practitioner to influence health policy, improve quality health care, promote access to care, and promote the role of the advanced practice nurse.

Preceptor Name: 

Clinical Specialty Area: 

Years in Advanced Role: 

Number of students you are supervising this semester concurrently per day: 

Total: 

Pennsylvania RN/MD/DO/CRNP #: 

Academic Degrees (indicate nursing): 

Certifications: 

Name of Agency/Clinical Practice: 

Address: 

Office Telephone #: Office Fax #: E-mail: 

Accreditation status (if applicable): 

Clinical Agency Type

- Birthing center
- Community health center
- Federal and state bureaus of prison
- Health department clinic (state, county or city)
- Home health
- Hospice
- Hospital (community)
- Hospital (federal)
- Hospital (private)
- Long term care facility
- Nurse managed health clinic
- Private practice
- Rural health clinic
- School-based health center
- Other _____________________

Clinical Setting

- Federally Qualified Health Center
- Health Professional Shortage Area
- Medically Underserved Communities
- Rural Location

Experience to be provided

- Surgical ICU
- Medical ICU
- Service Line
- Other _____________________

Required Signatures:

Preceptor: 

Date: 

Clinical Faculty: 

Date: 

This form should be returned by either the preceptor or the student to:

The Pennsylvania State University
College of Nursing
Graduate Program
600 Centerview Drive
1300ASB/A110
Hershey, PA 17033
Tel #: 717-531-4211
Fax #: 717-531-5339