

Important: Refer to Canvas course shell for mailing instructions.

The Pennsylvania State University
COLLEGE OF NURSING
RN to BS Program
Preceptor Approval Form

This on-line form is available at:
<http://www.nursing.psu.edu/forms/>

Student Name

PSU ID Number

Mailing Address

Home Phone

Work Phone

PSU Email

Course Name and Number

Semester

Specialty Area

Preceptor Name

Preceptor Phone

Preceptor Email

Academic Degrees

Certification (if applicable)

RN License Number

Employment history related to preceptorship

Agency Name

Accreditation Status

Area to be used for the experience

Student Signature: I, _____ request the College of Nursing's approval for clinical experience with the above named preceptor.

Preceptor Signature: I, _____ agree to provide the experience as described above in my agency. The preceptor is responsible for verifying that the RN student meets all the clinical institution's requirements (e.g. Liability, clearances and CPR).

Instructor Signature: I, _____ approve the experience as described above.

Please Note: A copy of the preceptor's CV may be requested by the course instructor.

Routing: Student collects information from the preceptor and initiates approval form. The text boxes should be filled in electronically, then printed for signatures and mailed. Students are **not** permitted to begin a precepted experience until the instructor has granted approval.