

**The Pennsylvania State University
College of Nursing**

AGENCY LETTER OF AGREEMENT

The Pennsylvania State University College of Nursing offers a B.S.N. completion program for registered nurses (RN to B.S.N. option). The program of study includes several clinical experiences, as well as a clinical capstone experience designed by the RN student to meet personal professional goals. The RN, under the guidance of the course professor, selects a clinical site and a preceptor for the course-related clinical experiences and the capstone experience.

_____ RN, in NURS _____ section _____ Instructor _____

is requesting approval to complete a clinical experience or observation experience or internship in the

_____ area of your clinical facility under the clinical supervision

of _____ (preceptor) during the _____ semester.

The student and preceptor will mutually determine the specific dates and times of this experience.

Knowledge of the clinical institution's requirements (e.g. clearances, liability insurance, CPR, HIPAA, etc.) is the responsibility of the student. The student is responsible for obtaining necessary compliances and providing necessary proof to the clinical agency.

I request that the _____ Agency approve the clinical experience. I understand that I am responsible for meeting the clinical institution's requirements (e.g. professional liability insurance, clearances, and CPR, etc.) and providing proof of compliances, if requested.

Student _____ Date _____

Please complete the following: We agree to permit the aforementioned student to complete a clinical experience in our facility. We understand that we may terminate this agreement at any time for poor performance or unprofessional conduct by the student.

Director or Administrator _____ Date _____

Title _____

Preceptor _____ Date _____

Title _____

Course Instructor _____ Date _____