STEPHEN F. AUSTIN STATE UNIVERSITY
SCHOOL OF NURSING
PRECEPTOR AGREEMENT
(Form Revision – April 2019)

Name of Preceptor: ____________________________________________________________
(As it appears on License)
Preceptor Mailing Address: ________________________________

Preceptor E-mail Address: ______________________________________________________

Preceptor Phone Number: ______________________________________________________

Agency: ______________________________________________________________________

Department: __________________________________________________________________

Student Name: __________________________________________________________________

Preceptor Professional License Number: __________________________________________

Educational Background: ________________________________________________________
Check all that apply: □ ADN □ BSN □ MSN □ PhD/DNP □ PA □ MD/DO

Clinical Qualifications: ________________________________________________________
  ○ Years of Practice: __________________________________________________________
  ○ Areas of Practice: __________________________________________________________
  ○ Certifications: __________________________________________________________________

Course Title and Number: ______________________________________________________

Faculty Member’s Agreement
Signature/Date: ______________________________________________________________

Preceptor’s Agreement
Signature/Date: ______________________________________________________________

Director’s Approval
Signature/Date: ______________________________________________________________
**Faculty Responsibilities:**
1. Ensure that preceptors meet qualifications in Rule 215.10 or Rule 219.10, as appropriate.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the affiliating agency, clinical preceptor and nursing program.
3. Ensure that clinical experiences using preceptors occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to client within course or curriculum, as appropriate.
4. Orient the student and preceptor to the clinical experience.
5. Provide the preceptor with the mission, core values, organizational framework, and Differentiated Entry Level Competencies for the School of Nursing (DEC) or the National Organization of Nurse Practitioner Faculties Family Nurse Practitioner Competencies (as applicable); and discuss student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.
6. Assure student compliance with standards on immunization, screening, OSHA standards, AHA-Healthcare Provider BLS, and current liability insurance coverage as appropriate.
7. Communicate assignments and other essential information to the agency and preceptor.
8. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
9. Be readily available, e.g., telephone or email, for consultation when the students are in the clinical area.
10. Receive feedback from the preceptor regarding student performance while maintaining ultimate responsibility for grading.
11. Provide feedback to preceptor regarding performance as preceptor and the clinical learning experience.
12. Provide recognition to the preceptor for participation as a preceptor. (Example: adjunct faculty plaque, certificate.)

**Preceptor Responsibilities:**
1. Participate in a preceptor orientation.
2. Maintain ultimate responsibility for the care of clients.
3. Function as a role model in the clinical setting.
4. Facilitate learning activities for no more than two students at any given time.
5. Orient the student(s) to the clinical agency.
6. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives and student's performance of skills and other nursing activities to assure
safe practice.
7. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
8. Provide feedback to the student regarding clinical performance.
9. Contact the faculty if any problem with student performance occurs.
10. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent. (Student to obtain additional preceptor agreement.)
11. Give feedback to the faculty regarding clinical experience for student and suggestions for course development.

Agency Responsibilities:
1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.
3. Arrange preceptor's work schedules so they are available on student clinical days.
4. Interpret the preceptor program and expectation of students to other personnel who are not directly involved with preceptorship.

Student Responsibilities:
1. Maintain open communications with the preceptor and faculty.
2. Maintain accountability for own learning activities.
3. Prepare for each clinical experience as required.
4. Be accountable for own actions while in the clinical setting.
5. Arrange for preceptor's supervision when performing procedures, as appropriate.
6. Contact faculty by telephone or email if faculty assistance is necessary.
7. Adhere to maintaining the confidential nature of all information obtained during clinical experience.