

Georgia Southern University Master of Science in Nursing Program
PRECEPTOR AGREEMENT (complete for each major preceptor)

Master of Science in Nursing FNP Major

Graduate Office Use only:

M of U on file _____

MD License verified _____

NP/RN license verified _____

Preceptor added to MSN Database _____

*Student Continuation Materials Current: Yes No

Semester _____ Year _____

NURS (circle one): 5210-HA 7224-WH 7225-Peds 7234-PC3 7730-Capstone

Clinical Instructor _____

*Student Name _____

Umbrella or Owner Agency [Name on MOU] _____

Legal Name of Practice _____

Preceptor's name _____
(PRINT **CLEARLY**) (All professional Initials MUST be included)

Address _____

City _____ State _____ Zip _____ County _____

Phone () _____ Practice Specialty _____

I have read the enclosed course objectives and information and agree to provide to the best of my ability for the student's learning experiences. I have discussed the clinical schedule consisting of a **minimum of 180 hours** (NURS 7224, 7225, 7234) or a **minimum of 90 hours** (NURS 7730) with the student. I agree to complete a preceptor evaluation of the student's progress during this semester.

I will be able to provide _____ hours of preceptor assistance this semester.

These hours are for _____ hands on or _____ observation only.

Current GA Professional license number: _____ Circle one: APRN MD PA Other _____

Current license will be verified on GA Secretary of State website.

Preceptor's Signature Date _____

Date _____

Faculty Signature Provides Approval for Clinical Site (Once signed by faculty student may begin clinical hours at this site)

Clinical Preceptor Site Information (Very Important--Please Complete)

For Federal Grant Statistics: (PLEASE CHECK ALL THAT APPLY)

Practice Setting: ___Rural ___Urban ___Health Dept ___Private Practice ___HMO

Fed/State Designated: ___Rural Health Clinic ___Urban Health Clinic ___Community Health Center
___Designated Underserved Area in _____ County

Population Served: ___Noninsured ___Medicaid ___Medicare ___Migrants ___Homeless ___HIV clients ___Active Military
___Veterans ___Indian Health ___Prison Population Others _____

Brief description of site facilities (lab equipment, testing in house, x-rays, room facilities for student use):

Directions from Statesboro to site: Driving Time from Statesboro _____ hrs (**MUST BE COMPLETED**)