

Policy S-9  
FLORIDA STATE UNIVERSITY  
COLLEGE OF NURSING

**TITLE: CLINICAL PRECEPTORS**

**POLICY:** The use of nurse preceptors in clinical nursing courses is consistent with the philosophy and guidelines of the FSU College of Nursing (CON) and the rules and regulations of the Florida Board of Nursing and the Florida Administrative Code.

**RATIONALE:** The faculty at the FSU College of Nursing believe that instruction by practicing registered professional nurses compliments the CON faculty and contributes a significant dimension to the learning experiences of students.

The Florida Administrative Code (FAC) 64B9-2.015 has specific requirements for the approval and use of preceptors in professional nursing undergraduate curriculum. These requirements include that a preceptor (1) have clinical expertise and competence in the area where serving as a preceptor; (2) be physically present in the unit and available to the student at all times; (3) be assigned no more than two students; (4) be provided with specific written objectives prior to the experience. The supervising faculty member must also be available to the student.

**PROCEDURE:**

Undergraduate Program:

1. Preceptors for undergraduate nursing courses must be licensed as a RN, preferably with a BSN degree, have at least one year of experience as a registered professional nurse (RN) and at least six months of experience in their current position.
2. Each preceptor shall be assigned no more than two (2) undergraduate students for any preceptor experience but a student may have multiple preceptors.
3. The FSU supervising faculty will provide an orientation packet to each preceptor prior to the beginning of the preceptorship that includes, but is not limited, to the following:
  - a. The names of students assigned to the preceptor;
  - b. A list of clinical course objectives;
  - c. A copy of the clinical evaluation tool to be used with CON faculty to evaluate the students' clinical performance
  - d. A list of preceptor role expectations for the course; and,
  - e. Contact information for the assigned students and faculty.

For the undergraduate course, NUR 4945, the faculty student ratio may be up to 1:18. Faculty must be available by telephone or email rather than on site.

5. For all other undergraduate courses using preceptors, the ratio may be up to 12 students and faculty must be on site and readily available.
6. Supervising faculty are responsible for (a) facilitating the written evaluation of student by preceptor and the placement of the evaluation in the students' academic file (b) evaluating the experience and the effectiveness of the preceptor and (c) assigning the final grade for the student.

### Graduate Program

1. The College of Nursing Graduate Clinical Coordinator will assist faculty and students in the identification of potential preceptors for graduate clinical experiences.
2. It is the responsibility of the preceptor to
  - a. meet the preceptor qualification criteria as defined by the FSU College of Nursing;
    - i. have a current, unencumbered/unrestricted APRN license.
    - ii. have at least one years of experience in the role.
    - iii. have a graduate degree (e.g., MSN, DNP, MD, DO, PA) appropriate for assigned student learning activities (national certification preferred).
  - b. be willing to work with the student to facilitate learning;
  - c. be willing to participate with the student and faculty in evaluating student performance; and,
  - d. be supportive of the student/preceptor relationship.
3. A student may have up to two preceptors per course. If more than 2 preceptors are required, prior approval from the coordinator of the prospective graduate program must be obtained.
4. Students are responsible for providing the Preceptor Approval Request Form (see Attachment #1), provider CV/resume and proof of current licensure to The Clinical Coordinator so that preceptor agreement letters can be completed prior to students engaging in clinical experiences. If any of the above items are missing, the student will not be authorized to attend clinical rotations. If an organizational affiliation contract is needed for a student to attend clinical at a particular site, the student must provide a

clinic/facility point of contact at least 3 months in advance in order to secure the affiliation agreement in a timely manner.

5. An orientation packet will be provided to each preceptor prior to the beginning of the preceptorship that includes, but is not limited, to the following:
  - a. The names of students assigned to the preceptor
  - b. A list of clinical course objectives
  - c. A copy of the clinical evaluation tool to be used with CON faculty to evaluate the students' clinical performance
  - d. A list of preceptor role expectations for the course
  - e. Contact information for the assigned students and faculty
  
6. Supervising faculty are responsible for completing (a) the written evaluation of students using input from the preceptor and student, (b) the evaluation of the preceptorship experience, (c) the effectiveness of the preceptor, and (d) providing such information to the coordinator of the Assistant Dean of Graduate Programs for placement in the student's academic folder.

Approved:

Faculty:	6/16/06	12/1/06	8/11/10	6/25/15	1/24/2020
Dean:	6/16/06	12/1/06	8/11/10	5/25/15	1/24/2020



Attachment #1

Preceptor Approval Form - Graduate Program / FNP Track

This form must be completed and signed by the student and the preceptor and returned to the Graduate Program Advisor at the FSU College of Nursing to obtain clearance to begin the clinical experience.

Deadline for Submission: End of the 2nd week of the semester

All information requested on this form must be provided and complete before submission. Fax your completed forms to Fax # 850-645-7249.

I. Student Information (Please print or type the following): Course: [ ] NGR 5003C [ ] NGR 5064C [ ] NGR 6601L [ ] NGR6602L [ ] NGR6619L [ ] NGR6942L [ ] NGR6943L

I understand that I may not begin clinical hours with this preceptor until I have received my Clinical Clearance AND my Preceptor Contract Request Form has been submitted and approved by the appropriate administrators in the College of Nursing.

Student Signature Date

II. Preceptor Information (Please print or type the following):

Preceptor Full Name: Include all credentials that apply (ARNP, RN, MSN, BSN, DNP, MD, DO, PA etc.) Present Job/Title: Length of Time in Current Role: Health Care Provider License # & State of Issue: Preceptor Phone number: Email Address: Facility Name: (Include complete business/clinic name or indicate that it is a private practice) Facility Mailing Address: (Include Full Street Address, including Suite/Room Numbers) CITY STATE ZIP CODE

Preceptor Educational Background (please list all degrees conferred – add additional sheets, if necessary)

Table with 4 columns: College or University Attended, Degree Earned (Bach, Master's, PhD), Major Area of Study, Month/Year Degree Conferred

I certify that the information provided above is accurate and truthful to the best of my knowledge. I agree to precept the student identified above according to the guidelines provided to me in the course syllabus and confirmed by the course instructor.

Preceptor Signature Date

Attach a list of all the preceptors you will be working with in the practice group.

FNP Coordinator Approval Preceptor Criteria Verified: [ ] Criteria Met [ ] Criteria Not Met Clinical Clearance Docs Status: [ ] Cleared [ ] Not Cleared Current Contract on File: [ ] Yes [ ] No [ ] Pending Date Approved: N:administration/policies/faculty/F-15Useof Preceptors.doc



**Attachment #2**

**Preceptor Approval Form - Graduate Program/Nurse Educator Track**

This form must be completed and signed by the student and the preceptor and returned to the Graduate Program Advisor at the FSU College of Nursing to obtain clearance to begin the clinical experience.

**Deadline for Submission: End of the 2<sup>nd</sup> week of the semester**

All information requested on this form must be provided and complete before submission.  
Fax your completed forms to **Fax # 850-645-7249.**

**I. Student Information** (Please print or type the following):

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Course:  NGR 5003C  
 NGR 5714C  NGR 5718C  
 NGR 5112L

I understand that I **may not begin** clinical hours with this preceptor until I have received my Clinical Clearance **AND** my Preceptor Contract Request Form has been submitted and approved by the appropriate administrators in the College of Nursing. I understand that it is my responsibility to make sure that all required forms are on file and that I am cleared to begin my clinical experience. I also understand that if the facility where I intend to complete my clinical experience does not have an approved contract or affiliation agreement with the College of Nursing, then a Facility Contract Request Form must be submitted.

\_\_\_\_\_  
Student Signature Date

**II. Preceptor Information** (Please print or type the following):

Preceptor Full Name: \_\_\_\_\_  
Include all credentials that apply (ARNP, RN, MSN, BSN, DNP, MD, DO, PA, etc.)

Present Job/Title: \_\_\_\_\_ Length of Time in Current Role: \_\_\_\_\_

Health Care Provider License # & State of Issue: \_\_\_\_\_

Preceptor Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
(Include complete business/clinic name or indicate that it is a private practice)

Facility Mailing Address: \_\_\_\_\_  
(Include Full Street Address, including Suite/Room Number)

CITY	STATE	ZIP CODE	
<b>Preceptor Educational Background</b> (please list all degrees conferred – add additional sheets, if necessary)			
College or University Attended	Degree Earned (Bach, Master's, PhD)	Major Area of Study	Month/Year Degree Conferred

I certify that the information provided above is accurate and truthful to the best of my knowledge. I agree to precept the student identified above according to the guidelines provided to me in the course syllabus and confirmed by the course instructor.

\_\_\_\_\_  
Preceptor Signature Date

<b>NE Coordinator Approval</b>			
Preceptor Criteria Verified:	<input type="checkbox"/> Criteria Met	<input type="checkbox"/> Criteria Not Met	Clinical Clearance Docs Status: <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
Current Contract on File:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending	N:administration/policies/faculty/F-15Useof Preceptors.doc
Approved by: _____	Date Approved: _____		