The Clinical Practicum: Guidelines for Success

Adult-Gerontology Clinical Nurse Specialist &
Primary Care Adult-Gerontology Nurse Practitioner

2016-2017
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1. Introduction

This manual serves as a guide to establish guidelines, facilitate student role development, and provide materials for use by clinical nurse specialist (CNS) and nurse practitioner (NP) students during their clinical preceptorship experiences.

2. Selection of Clinical Preceptors and Sites

Developing a skilled practitioner depends upon both academic learning in the classroom and appropriate experiences in clinical practice. Clinical nurse specialists and nurse practitioner will be required to identify and contact preceptors. As a graduate student, developing the skills to promote yourself are very important and one way to enhance this experience is to have students work to develop their clinical practice relationships. Ultimately students are more comfortable with sites, preceptors, and locations that they have procured than sites that we can provide.

Once you have identified your potential site and preceptor you should upload the “EMU Student Placement Request Form” and the “EMU Preceptor Agreement Form” into Project Concert, and send an email to your lead faculty. This information is used to determine the appropriateness of a preceptor and placement. Once approved by your course faculty you will need to contact Bobbi Towne. Bobbi Towne is the official coordinator for the graduate program and will work with the site to obtain an affiliation agreement permitting you to do your clinical hours in that facility and with that preceptor. Students should begin their search at least 6 months prior to the desired clinical date. This will ensure adequate time to evaluate the clinical site, ascertain preceptor credentials and gather the appropriate information needed to formalize a contractual agreement between the University and the facility if one does not already exist.

3. The Student: Responsibilities and Accountability

Students enter the clinical arena for mentoring and clinical preceptorship when they have progressed to a specific point in their education e.g. completed sciences, theoretical, and assessment courses. It is important for students to understand their roles and responsibilities as a student. When assigned to or selecting a clinical site and preceptor, the student is expected to fulfill basic requirements. Meeting the clinical requirements will assist the student in optimizing the learning experience. Within the partnerships between the student and course faculty and preceptor, there are roles that each partner must fulfill.

Clinical Placement Request Complete and submit clinical placement request form by the date assigned. The request forms are available on the program website, in Project Concert, and typically in your canvas course shell. It is very important for the student to consider any restrictions they need to place on their clinical time/placements. For instance, transportation concerns, family responsibilities, specific days, and work commitments should all be considered
when selecting clinical placements. Minimally, students should expect to spend 4 hours per day at a clinical site. An 8 hour clinical day is the most typical scenario and may encompass a variety of clinical care, client rounds, procedures, home visits, chart reviews and other experiences.

**Necessary Paperwork** All students are responsible for submitting updated health forms, immunization records, CPR certification, nursing licenses, criminal background checks and other items as required by the EMU School of Nursing. Individual clinical sites may also have specific requirements that must be met. **Students will not be allowed to participate in clinical experiences without completion of the appropriate paperwork.** Students will be required to verify that their certification is good for the entire semester. If any of the necessary paperwork expires midsemester, the student is expected to update their records immediately.

**Preceptor Interview** Some preceptors require an interview with the student seeking placement with them. The purpose of the interview is to:

1. Provide the preceptor with an understanding of the level, ability, and personality of the student
2. Enable the preceptor to assess if the students would be a good fit for the clinical site and the population it serves.

Typical questions from the preceptor may include:
1. Why do you want me as a preceptor? What are your expectations? What are your primary clinical objectives for this semester?
2. Why do you want to be a CNS or NP? What are your future goals?
3. Tell me what a CNS or NP is? How will you explain this role to a client?
4. What are your strengths/weakness?
5. How do you handle mistakes?
6. How often do you like to have feedback? Do you prefer a formal evaluation or informal evaluation? Do you prefer a “wrap-up” at the end of every day?
7. What hours do you expect to be here? When do you wish to start? Do you have certain days that you are available?
8. Along with providing primary care, I also can provide other experiences such as grand rounds, home visits, etc. Do you want to participate?
9. How long have you been a nurse? What types of patients do you prefer to care for?

**Scheduling of Clinical Hours**

*Clinical practicum hours are to be scheduled at the convenience and availability of the preceptor.* Students are not to ask preceptors to conform to a schedule that meets their personal and employment needs. The student’s personal and work schedules are expected to accommodate participation in the required number of clinical hours prescribed by the clinical course. Students and preceptors need to agree on the days and times that the student will be in the clinical agency prior to beginning the practicum experience. When determining the hours, it is wise to schedule several “contingency” days. These are days that can be used as “make-up”
time in the event that the preceptor or student is unavailable i.e., ill, the clinic is closed, or weather events make travel hazardous. **Clinical hours must be completed within the semester that students are registered.** Accommodations may be made for humanitarian reasons with the approval of the lead faculty, Associate Graduate Director and Director of the School of Nursing. Such requests may only be considered when legal and insurance issues are compatible with the request.

**Attendance** Performance of clinical hours at the negotiated times and day with the preceptor is required. Careful attention to attend clinical on the days which the preceptor can accommodate the student is important. Often, specific days of the week are chosen by the preceptor due to client availability, client mix, or the availability of extra examination rooms. It is the student’s responsibility to monitor the number of hours completed, and plan on completing the required hours within the semester. The student is responsible for adjusting his/her personal and employment commitments so that the required number of clinical hours can be completed. If the student does not complete the required number of clinical hours for the semester, he/she cannot expect the preceptor to continue the precepting relationship. Extension of the clinical period with the preceptor cannot be assumed but is granted only by agreement with the preceptor, clinical agency and school/college of nursing. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with course faculty and the parties involved.

**When the student cannot attend clinical on a day that is scheduled, the preceptor and clinical faculty must be notified immediately.** The student should obtain contact information (telephone number or email address) from the preceptor and discuss the procedure for notifying the preceptor and faculty for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day is unacceptable and may place the student and clinical placement in jeopardy. The student should present the faculty and preceptor with a plan to complete the lost clinical time.

**Attire and Behavior** Students are representatives of the Eastern Michigan University School of Nursing and must present themselves as ambassadors of their programs. Students are expected to be respectful to preceptors, faculty, staff, patients, and their families. Reports of unprofessional behavior will result in the student being counseled and possibly subject to review. Interactions with clients, staff, other health providers and students are learning opportunities for the student to role model nurse practitioner expertise. The clinical preceptorships are designed to provide advanced practice nursing experiences but in the early semesters of clinical it is not uncommon for students to fall back into a comfortable “staff nurse” role. Students are highly encouraged to observe their preceptor’s interactions with support staff and others as it relates to APN practice.

Students should dress professionally and carry their Eastern Michigan University School of Nursing identification badge denoting status as a nurse practitioner student. Work identification badges should not be worn during clinical preceptorships. Some clinical sites may require that lab coats or other specialized garb are worn in client care areas. Students are to discuss the appropriate dress attire with their preceptor prior to the first clinical day.
Clinical Objectives It is the responsibility of the student to construct and provide the preceptor with student-specific clinical objectives for the clinical practicum. The preceptor is provided with a copy of the course description and objectives in a letter that Dr. Bumpus distributes when the preceptor confirms their agreement for student placement. The student should reflect and develop individual learning objectives that will meet and facilitate his/her learning needs and previous clinical nursing experience (e.g. assessment of abnormal heart sounds, skills acquisition—clinical use of the microscope or phlebotomy, suturing, etc.) that are not explicit in the course or clinical objectives. Guidelines for developing clinical objectives include:

1. The student will write specific clinical objectives according to individual learning needs. These objectives should be discussed with the preceptor EACH WEEK. The objectives should also be submitted to the clinical faculty when SOAP notes are submitted.

2. Examples of clinical objectives include APN skills, diagnostic reasoning, diagnostic labeling, interventions, evaluation methods, and record audits.

3. Clinical objectives must be measurable and evaluated at the end of the clinical day. Written objectives do not provide learning feedback unless evaluation occurs. If the objective is not completed, it may be used in subsequent clinical days until it is met.

4. Clinical objectives should reflect the level of competency the student would like to achieve at the end of the practicum, e.g., minimal competency, proficient, etc.

5. Clinical objectives should be congruent with and complement the course objectives.

6. A method for evaluation of individual objectives should be planned and completed.

7. Specific clinical objectives should be sufficiently limited in number so that appropriate attention can be directed toward each. Typically 2-3 objectives per clinical day is adequate.

Preparation for Clinical Practicum The clinical practicum extends the learning environment of the classroom to integrate theoretical concepts with clinical practice. Students should prepare for the clinical practicum by developing individual learning objectives, as previously discussed. Students should prepare for clinical by reading course texts and professional journals, and using other audiovisual and electronic learning aids as necessary. The preceptor may recommend additional materials and topics for review prior to the first clinical day. The student should review the common clinical problems relevant to the clinic’s population. Follow-up reading of current reference material following the clinical day provides the student with the opportunity to increase the breadth of scientific and clinical knowledge from that gained in the clinical arena.

Guidelines for clinical preparation
1. Students are expected to have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, security clearances, etc., before scheduling the first clinical day at the agency.

2. Students are responsible for their own health records and other requirements, such as current CPR certification and immunizations, in order to fulfill the clinical requirements on the first day. In accordance with school and agency policy, students without appropriate clearance will not be allowed to enter the clinical setting.

3. Whenever possible, discussion with other students who have the same or similar placements may be beneficial.

4. On the first clinical day, discuss questions about computer access, the procedure for preceptor co-signing documents, eating and parking arrangements, and the communication with other disciplines.

5. Learn something about the preceptor, when possible, in order to acknowledge the preceptor’s background and broaden the student’s educational experience.

4. Clinical Faculty Responsibility

Each student will have a clinical faculty member assigned to them for the duration of the semester. The role of the clinical faculty is to facilitate the student’s learning via personal observation of the student’s clinical skills and clinical conferences. Pairing of clinical faculty with a student also provides sensitivity to the student’s life experiences, expertise, unique perspectives, learning preferences, and career goals. The clinical faculty also acts as a role model for the numerous dimensions of the nurse practitioner role.

The clinical faculty member is responsible for the completion of student site visits, assessing the student’s SOAP notes, clinical objectives and progression in the clinical sequence, communications with the preceptor via telephone, emails or onsite visits, and for providing timely and constructive feedback to the student. The clinical faculty also communicates regularly with the course faculty and track coordinators regarding student progress and achievement.

Students should contact the clinical faculty immediately if concerns arise about the clinical preceptorship experience or their ability to successfully adhere to the original agreements made with the preceptor. Also, the student should seek advice from the clinical faculty should challenges occur at the clinical site that the student cannot reasonably resolved on their own.

The clinical faculty will have a mid term and final conference with each student to review academic/clinical progress, set objectives for the remaining or upcoming semester, and provide constructive feedback.
5. Documentation of the Clinical Encounter

Each clinical encounter performed by the student must be documented in the client’s record. Documentation should be consistent with current billing and coding guidelines and adhere to the current national and facility standards of care. Typically, SOAP notes are the preferred format of documentation using paper, electronic, digital or taped methods. However, many agencies now have templates, check sheets and other formats to document the clinical encounter. BEFORE SUBMITTING SOAP notes for review by the clinical faculty, the student is highly encouraged to discuss the format/method.

All SOAP notes must be co-signed by the preceptor. It is highly encouraged that the preceptors do more than simply sign the note. Many facilities now have stipulations regarding the meaning i.e., legal and reimbursement designations, of a preceptor signature and have developed their own policies on co-signing. Following are some suggested wording that may be used if the agency does not have guidelines in place.

Agree with the above. Signed___________________.
Agree with the above. Also include--------. Signed___________________.
Agree with the above documentation. Present during visit. Signed_____.
I have reviewed the history and physical findings and repeated pertinent physical exam elements necessary to develop the diagnosis and plan Signed______________.

All client visits must also be recorded in the electronic clinical log (ProjectConcert). This log is used to document the breadth and depth of the student’s clinical experiences. The clinical, course and program faculty also use the log as a tool to assess and evaluate the appropriateness of clinical placement and the increasing independence of the student’s clinical skills. The summative data from the log will be used in the student’s career portfolio that is developed in the final semester of coursework.

6. The Clinical Site Visit

Clinical site visits are completed at designated intervals throughout the student’s program of study. The site visit facilitates the clinical faculty’s understanding of student progress via direct observation of their clinical skills, enables the student to demonstrate their expertise and to conference with their clinical faculty member, and allows the preceptor to share their experiences regarding the student’s accomplishment and their precepting with the clinical faculty. The member of the team plays an important role in a successful site visit as noted below.
The student is responsible for:
1. Coordinating the date of the site visit with the clinical faculty member, providing important contact numbers that can be used while the faculty member is enroute to the site should something occur, and confirming the site visit one day prior to the event.

2. Ascertaining with the preceptor that client’s will be available the day of the site visit and selecting several that can be seen by the student.

3. Introducing the faculty member to the preceptor and support staff, providing a “tour” of the facility if appropriate, discussing charting procedures, and how clients are selected for the student.

4. Reminding the preceptor that the clinical faculty will be arriving for a site visit and that the faculty will need several minutes of their time to discuss the student’s progress.

The clinical faculty is responsible for:
1. Observing the student during 2 clinical encounters. This will include observing oral summaries given to the preceptor and any subsequent client management.

2. Observing the student’s interactions with the environs of the site: preceptor, clinical staff, support staff, clients and their support persons, use of technology at the site and others.

3. Conferencing with the preceptor regarding the student’s abilities and progress, learning goals and suggested changes.

4. Providing constructive feedback regarding the encounters and the whole of the site visit as well as making recommendations to facilitate clinical expertise.

5. Completing the site visit evaluation and sharing the results with the student.

The preceptor is responsible for:
1. Providing appropriate site visit clients for the students.

2. Providing feedback to the student and the clinical faculty regarding the student’s experiences and abilities at the site.

3. Providing feedback on the student’s documentation of client visits, attendance, professionalism, and other components of the nurse practitioner role.

4. Completion of the appropriate student evaluations for clinical.

The site visit day should be conducted as a normal clinical day for both the student and the preceptor. Although the student is usually nervous at the prospect of being observed, the faculty and preceptor are well aware of this and try to place the student at ease. Also, it is
important that the clinical faculty observe the flow of the clinic at large, the interaction of the staff with the various care providers, the client mix and the student’s interactions within all of these arenas. This assists in not only evaluating the student but ascertaining the appropriateness of the clinical site for the current and/or future students.

7. Problem/Conflict Management

The potential for conflict and disagreement in interpersonal relationships is common and should be anticipated. In the clinical setting, preceptors are under pressure to be productive which may constrain time that can be fully devoted to teaching. Other factors, such as level, ability, communication style and motivation of the student coupled with the uniqueness of the preceptor’s client load can provide fertile ground for conflict. It is the student’s, preceptor’s and faculty responsibility to use the appropriate resources for problem-solving while optimizing learning experiences.

Examples of potential conflict situations include:

1. Placement of a student with preceptor with a conflict of interest that is personal, family related or via job alliances.

2. Cultural differences between the student and preceptor in communication to clients and other providers.

3. Inappropriate matching of student competence level with preceptor expectations.

4. Inexperienced of preceptor in coping with student’s unacceptable behaviors. Preceptor is not providing expected level of mentorship or clinical care.

Intervention strategies for conflict resolution are dependent upon the urgency of the matter. In instances where an immediate response is needed, the clinical faculty should be notified first. If there is no response, then notification of either the course faculty and/or program coordinator should be done immediately.
All admitted students must provide the following information to the School of Nursing, 311 Marshall Building. Scan/send to r. towne1@emich.edu or fax to 734-487-6946

**Health Requirements:**
1. A current health history (on form provided).
2. A current health examination (on form provided).
3. Complete immunization record (on form provided). **You must have received the vaccine or have a positive titer results. A history of the disease is not sufficient proof of immunity.** Without this proof, you will not be allowed to attend clinical courses.
4. Annual documentation of freedom from Tuberculosis is required (negative tuberculin skin test, current negative chest-xray or negative symptom checklist by a qualified healthcare provider).
5. A negative 7 panel urine drug screen is required. This can be obtained at Snow Health Center at a cost of $40. You will be asked to sign a release for the School of Nursing. You can also have this done through your health care provider, Midwest Health etc.

Students may contact University Health Services at EMU for health examination, immunizations and tuberculosis testing at 743-487-1122, county health departments or personal health care provider.

**Basic Life Support Certification:**
You must provide proof of certification to provide adult, child, infant, two-person Cardiopulmonary Resuscitation (CPR) for the *Healthcare Provider* or *Professional Rescuer*. You can contact your local American Heart Association, American Red Cross or Snow Health Center (cost is $60) for information on obtaining CPR certification. Make certain it is a course for health professionals, not lay persons.

**Personal Health Insurance:**
Proof of health insurance coverage is required. Students who do not have health insurance through their family or workplace can obtain health insurance through the university. EMU has an Accident and Sickness Plan provided through United Health Care Student Resources. The EMU insurance plan is not available for purchase until August and will not go into effect until September 1st. Information is available at Snow Health Center. Students who cannot afford this may contact the Public Health Department at 734-481-2000.

**ALL STUDENTS ADMITTED TO THE NURSING PROGRAM MUST MEET THE REQUIREMENTS ABOVE**

I have read, understand, and agree to the above EMU nursing student requirements. I have retained a personal copy of these requirements and related forms for my own use and student portfolio. Failure to complete these program requirements by the deadlines noted, will result in my not being able to attend nursing courses.

__________________________  ____________________________  ____________
Student Signature  Printed Name  Date

Revised 11-01-15 L. Blondy
Health Examination Form

**TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN’S ASSISTANT**

Name ____________________________________________

Last               First               Middle

Explain any significant family or personal history:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Height: _____  Weight: _____  Temp: _____  Pulse: _____  Resp: _____  BP: ______

Vision: Visual Acuity:  Right 20/____  Left 20/____

Hearing:________________________________________________

Eye, Ear, Nose, Throat:____________________________________

Neck, Thyroid:____________________________________________

Heart:____________________________________________________

Lungs:_____________________________________________________

Abdomen, Hernia:__________________________________________

Nervous System:___________________________________________

Bone and Joint:___________________________________________

Skin:_____________________________________________________

Is student capable of regular physical activity? _________ If not, please explain.
____________________________________________________________________________________
____________________________________________________________________________________

Summary of findings:________________________________________

____________________________________________________________________________________

Health Care Provider (Physician, Nurse Practitioner, Physician’s Assistant), please sign and date:

Name:________________________________________ Signature: _________________________________

Please Print

Address:______________________________________________

Date:_________________________________________________
Immunization Record

**TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN’S ASSISTANT**

Name: ____________________________________________________

**Immunizations**- Provide dates vaccines were given, or titer results. Students will be UNABLE to attend clinical courses without providing dates of vaccines or titer results. History of having had the disease is NOT sufficient proof of immunity.

**Tdap**
Date Received: __________________________

**Rubeola**
Date Received 1st Dose: ________ Second Dose: ________ (or) Titer Result: ________

**Mumps**
Date Received 1st Dose: ________ Second Dose: ________ (or) Titer Result: ________

**Rubella**
Date Received 1st Dose: ________ Second Dose: ________ (or) Titer Result: ________

*Rubella vaccine must be after 1969 or will need titer result as proof of immunity.

**Varicella**
Date Received 1st Dose: ________ Second Dose: ________ (or) Titer Result: ________

**Hepatitis B**
Date Received 1st Dose: ________ Second Dose: ________ Third Dose: ________

*If student declines Hepatitis B Vac. please document declination (below), and have student sign as well.

**Tuberculin Skin Test:**
Date: _______________ Positive: ________ Negative: ________

**Chest X-Ray:**
Date: _______________ Positive: ________ Negative: ________

**Symptom Checklist:**
Date: _______________ Positive: ________ Negative: ________

**Urine Drug Screen (7 panel):**
Date: _______________ Positive: ________ Negative: ________

Health Care Provider (Physician, Nurse Practitioner, Physician’s Assistant), please sign and date:

Name: ____________________________ Signature: ____________________________

Please Print ____________________________

---

**Student:** Complete this bottom portion only if you are declining the Hepatitis B Vaccine

DECLINATION FORM
Hepatitis B Vaccine

I, ___________________________________________, am fully aware of the risk of acquiring the Hepatitis B virus (HBV) as a result of possible exposure to contaminated blood or other infectious materials.

Nevertheless, I have decided not to receive the Hepatitis B injections that are recommended by Eastern Michigan University School of Nursing.

Student Signature/Print name ______________________________ Date __________________

Revised 11-01-15 L. Blondy
COURSE INFORMATION:  
Course Number:  NURS____  
Semester: ________  
Course Faculty: ____________________________  

(NP students only; check one) Rotation=  
☐ Primary Care/internal medicine  
☐ Geriatrics  
☐ Adolescent  
☐ Urgent care  
☐ Gynecology

STUDENT INFORMATION:  
Name ________________________________________
Address ______________________________________ City __________________________
State _________________ Zip ____________________
Home Phone ____________________________ Mobile ____________________________
E-Mail ______________________________________

DAY of week at site ______________________________________
Number of years in role: ____________ Number Students supervised concurrently: ____________

PROPOSED PRECEPTOR INFORMATION:

Name/Title: ______________________________________
Work Address: ______________________________________
City__________________________ State _______ Zip ____________________
Phone ____________________________ Fax ____________________________
E-Mail: ____________________________

Mailing Address if different from above:  
Address: ______________________________________
City__________________________ State _______ Zip ____________________
Phone ____________________________ Fax ____________________________

OFFICE MANAGER
Provide the following information regarding the person authorized to enter into an agreement for this site.  

Office Manager Name: ______________________________________
Work Address: ______________________________________
City__________________________ State _______ Zip ____________________
Phone ____________________________ Fax ____________________________
E-Mail: ____________________________

Secure a Business Card from the preceptor  
(In this spot) 
that includes:  
Name, Title, Employment Site Address  
Telephone #, Fax, E-mail address.  
Corporate Identification
Eastern Michigan University
GRADUATE PRECEPTOR AGREEMENT TO SERVE (form #2)

Student Name: ___________________________ Semester/year: ___________________________

Course Number: __________________________ Dates (inclusive): __________________________

Preceptor’s Name/Title: __________________________

Phone: (____) __________________________ E-Mail address: __________________________

Preferred method of contact: __________________________

Employer (Corporate) Name: __________________________

Employer’s Address: __________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Work Phone (____) __________________________ Work Fax: (____) __________________________

Mailing Address (if different from above):

Address: __________________________

City: __________________________ State: __________________________ Zip: __________________________

License & Certification Details (Required for School accreditation. Must be accompanied by docs/images)

Michigan RN & NP License Number: __________________________ Expiration Date (s): __________________________

Certifying Body (ANCC or AANP) __________________________ APN Certification Specialty __________________________

Expiration Date: __________________________

Michigan MD, DO, PA License Number: __________________________ Specialty Board Certification: __________________________

Expiration Date: __________________________

Preliminary Agreement

I agree to precept: __________________________ during the __________________________ Semester.

(student name) (Winter, Summer, Fall / Year)

Preceptor Signature: __________________________ Date: __________________________

How would you like to receive your ‘Preceptor Hour Certification Form? [ ] e-mail [ ] work address
[ ] other mailing address

Preceptors, please provide the student a copy of your CV (abbreviated template avail upon request), License,
Certification (if applicable) and Degree or email to Bobbi Towne at: rtowne1@emich.edu or fax to (734) 487-6946

Submit CV/Resume: [ ] Submit copy of highest degree [ ]
Submit copy of License [ ] Submit copy of Certification [ ]