

## Graduate Clinical Preceptors

Preceptors are used in the Graduate Nursing Programs. The clinical preceptorship is a clinical experience that allows students the opportunity to apply knowledge gained in the didactic portion of the program to patient care management or educational setting. Practice in the clinical setting provides Pittsburg State Students with the opportunity to observe and actively participate in the delivery of health care and to incorporate advanced practice concepts. Preceptors actively practicing in clinical settings are qualified to facilitate the development of students in the advanced practice role. The clinical preceptor submits a curriculum vita, which includes biographical information, professional preparation, and licensure. The preceptor's qualifications are verified by the course faculty and must meet the Kansas State Board of Nursing requirements. Qualifications of preceptors must include the following:

### Advanced Practice Registered Nurses (APRN)

- Master's Degree in Nursing or DNP from an accredited university
- Current RN license in state where students will engage in clinical experience
- Authorized to practice as an APRN in the state where they practice
- Practicing in an advanced practice nursing role
- Experience- at least one-year experience in an advanced clinical practice role
- Area of practice must be relevant to the course objectives
- Able to provide supervision, teaching and evaluation of students for achievement of clinical course objectives and learning needs
- Able to facilitate active participation of students in the delivery of health care
- Committed to the concepts of advanced practice nursing
- Proof of National Board Certification

### Physicians

- Doctor of Medicine or Osteopathy from an accredited university
- Currently licensed and practicing in the state where students engage in clinical experience
- Area of practice must be relevant to the course objectives
- Able to provide supervision, teaching and evaluation of students for achievement of clinical course objectives and learning needs
- Able to facilitate active participation of students in the delivery of health care
- Committed to the concepts of advanced practice nursing
- Proof of National Board Certification

All preceptors sign contracts acknowledging willingness to serve as a preceptor. Each preceptor receives Preceptor Orientation, which includes the mission statement, program goals and objectives, standards for advanced practice nursing, preceptor performance expectations, course syllabi and additional relevant information. Responsibility for final evaluation of the student rests with the faculty of the Irene Ransom Bradley School of Nursing.

### Steps for Securing Clinical Preceptors

Starting in their first Clinical Practicum course, students are introduced to the steps for securing clinical preceptors. This policy is continued throughout the graduate program for all clinical courses. All forms and information are available at <https://www.pittstate.edu/nursing/programs/nursing-doctoral/index.html>

Step 1: Discuss with clinical preceptor (APRN, MD, DO) who meet requirements as PSU Graduate Clinical Preceptors. It is the responsibility of the graduate student to provide the preceptor with the PSU School of Nursing Preceptor Orientation and Course Objectives.

Step 2: The graduate student will submit the following documents in person or via email to the School of Nursing Administrative Associate:

1. Current curriculum vita (resume) of the preceptor
2. Preceptor licensure verification from: <https://www.nursys.com>  
(Note: preceptor and student must be licensed in the state of clinical experience)
3. Verification of Board Certification
4. Graduate preceptor contract signed by preceptor
5. Preceptor Packet Acknowledgment from Family Nurse Practitioner Preceptor Handbook

Preceptor evaluations of students are completed after each clinical course and must be on file at the School of Nursing (on paper or online via Typhon) prior to grades being submitted to the Registrar. The evaluations are reviewed by the course faculty after each course and yearly by the Graduate Committee. Faculty complete Preceptor/Facility evaluations at each site visit completed during clinical courses. Students evaluate the preceptors and facilities at the conclusion of every clinical practicum course.

#### Websites to be Included on Preceptor Link:

Arkansas State Board of Nursing: <https://www.arsbn.org/adv-practice>

Kansas State Board of Nursing: <https://ksbn.kansas.gov/>

Kansas Advanced Practice Site: <https://ksbn.kansas.gov/npa/>

Oklahoma State Board of Nursing: <http://nursing.ok.gov/practice.html>

Missouri State Board of Nursing: <http://pr.mo.gov/nursing-advanced-practice-nurse.asp>

#### Additional Links:

American Nurses Association: <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/doctor-of-nursing-practice-advancing-nursing-profession/>

American Association of Nurse Practitioners: <http://www.aanp.org/AANPCMS2>

# Clinical Facility and Preceptor Information Form

FOR SCHOOL OF NURSING CONTRACT FILE

This completed form as well as the following forms must be submitted as attachments in one email to: Elizabeth Middendorf: [emiddendorf@pittstate.edu](mailto:emiddendorf@pittstate.edu) or they can be delivered in person to the School of Nursing.

1. Current curriculum vitae (resume) of preceptor
2. Preceptor licensure verification from. Note: preceptor AND student must be licensed in the state of clinical experience  
Nurse Practitioners - <https://www.nursys.com/>  
Physicians – Board of Healing Arts for State of Practice
3. Verification of Board Certification (AANP, ANCC, etc.)
4. Preceptor contract signed by preceptor
5. Preceptor Packet Acknowledgement

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

Course #: \_\_\_\_\_ Semester: \_\_\_\_\_

Clinical Course Faculty Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of collaborating physician: \_\_\_\_\_

Level of the student who will be using the preceptor:

BSN to DNP \_\_\_\_\_ MSN to DNP \_\_\_\_\_ MSN Education Emphasis \_\_\_\_\_

**Students do not write below this line**

\_\_\_\_\_

Date submitted to School of Nursing: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



## Graduate Preceptor Contract

Pittsburg State University School of Nursing graduate students asked that we obtain a signed agreement between you, as the Preceptor, and Pittsburg State University Irene Ransom Bradley School of Nursing. Following standard, this agreement will be for the period December 1, 2020 through December 31, 2030.

Under the direction of the instructor, the graduate nursing student will have a schedule agreed upon by PSU, the student and the clinical preceptor. There will be no cost involved to you or your agency.

The faculty and student will abide by the existing rules of the PSU School of Nursing and the clinical preceptor. Both the faculty member and the student will carry his or her own liability insurance.

If you agree to serve as a clinical preceptor, please sign below, fill in the areas documenting what agency you are board certified by, the date your certification expires, license number and state of licensure. Please return this form and your curriculum vitae (resume) to the student.

We appreciate your prompt reply and thank you/your agency for the experience our students will gain. Please note: students will be unable to begin clinical hours until the required paperwork has been submitted and approved by the School of Nursing.

Sincerely,  
 Elizabeth Middendorf  
 Administrative  
 Associate  
 Irene Ransom Bradley School of Nursing

I, \_\_\_\_\_, hereby agree to participate as a clinical preceptor with the PSU Irene Ransom Bradley School of Nursing.

I am board certified by \_\_\_\_\_, in \_\_\_\_\_.

Agency Discipline Area

My board certification expires on \_\_\_\_\_.

MM/DD/YR

\_\_\_\_\_  
 License Number State

Name of clinic, address, and phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Date

# Preceptor Packet Acknowledgment

Pittsburg State University Irene Ransom Bradley School of Nursing

By my signature below, I acknowledge that I have read, sought additional information if necessary, and understand the contents of this Preceptor Packet.

Print Name:

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Signature:

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Date:

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