

**PRECEPTOR RECORD UPDATE**

Bowling Green State University

Bachelor of Science in Nursing Program

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| **Name:**   Click here to enter text | **Employer**:  Click here to enter text | | | | **Unit**:  Click here | **Shift**:  Click for date |
| **Preferred Email**:  Click or tap here to enter text. | | | **Preferred Phone**:  Click or tap here to enter text. | | | |
| **Nursing License #**   Click to enter text. | | **License Expiration:**  Click to enter text. | | **Last 4 of SSN:**  Click or tap here to enter text. | | |
| **Certification(s):**  Click or tap here to enter text. | | | **Expiration Date:**  Click or tap here to enter text. | | | |
| I agree to the following:    The preceptor providing supervision of a nursing student shall at least:   * Have competence in the area of clinical practice in which the preceptor is providing supervision to a student. * Design, at the direction of a faculty member, the student’s clinical experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled. * Clarify with the faculty member the: role of the preceptor; responsibilities of the faculty member; course and clinical objectives or outcomes; and clinical experience evaluation tool. * Contribute to the evaluation of the student’s performance by providing information to the faculty member and the student regarding the student’s achievement of established objectives or outcomes. * A preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students. | | | | | | |

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| Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Applicant:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please return completed application to Lacey Davis at* [*laceyd@bgsu.edu*](mailto:laceyd@bgsu.edu)