

## PRECEPTORSHIP AGREEMENT SHEET

**Please read, initial, and sign the following agreement. Turn in this agreement to the course instructor prior to starting your preceptorship.**

1. I have read the syllabus information regarding the prelicensure preceptorship, attended and understood the information presented in clinical orientation, and have had an opportunity to ask questions of the instructor and my faculty liaison about any information that was not clear to me. \_\_\_\_\_
2. I agree to follow all instructions and policies set forth as described on Instructor's web site and/or any syllabus available for the course. \_\_\_\_\_
3. I understand that failure to follow these instructions may cause me to be removed from the clinical setting, and therefore fail this clinical experience. \_\_\_\_\_
4. I will notify my faculty liaison, in a timely manner, of any proposed changes to my preceptorship schedule \_\_\_\_\_
5. I will not precept more than 32 hours per week *or fewer than 24 hours per week* unless approved by the course instructor \_\_\_\_\_
6. I understand that the preceptorship must take priority, and that employment and outside activities must be scheduled around my preceptorship schedule, not vice versa \_\_\_\_\_
7. I will never work a "double shift" of employment for 8 hours followed by a preceptorship shift for 8 hours (e.g., dayshift CNA job followed by PM shift preceptorship experience) \_\_\_\_\_
8. I understand that all schedules I submit to the instructor are tentative, are subject to the approval of the instructor, and will be revised if rejected by the instructor \_\_\_\_\_
9. I will adhere to the policies about substitute preceptors outlined in the clinical orientation \_\_\_\_\_
10. I will notify my clinical instructor each time a substitute preceptor is used \_\_\_\_\_
11. I have a sound understanding of the I.V. Therapy Guidelines included in the preceptorship packet \_\_\_\_\_
12. I understand that I am responsible for having my clinical evaluation form completed and e-mailed to the instructor by the end of shift #10 (shift #7 if on 12 hour shifts); failure to have this document completed, including my narrative portion, will result in disciplinary action by the instructor \_\_\_\_\_
13. I understand that it is my responsibility to obtain written feedback from my preceptor, using the Preceptorship Documentation Form (found in N86L syllabus) by the end of shifts #7 and #14 (shifts #4 and #8 if on 12 hour shifts); and to have ready for instructor at the next site visit (or bring to the next theory class if in Ms. O'Neill's section); failure to obtain this will result in possible disciplinary action or conference with preceptor and instructor \_\_\_\_\_
14. I agree to check instructor's web page a minimum of twice each week for announcements and hospital updates \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_