



Kentucky Christian University
Yancey School of Nursing

Preceptor Agreement Form

✓ Student Responsibilities

1. Adhere to professional attire and behavior in the clinical setting at all times.
2. Collect and enter all patient encounter information in Typhon within 10 days of the clinical experience.
3. Demonstrate increasing competency in assessment, management and presentation of patients.
4. Function in the role of the nurse practitioner under the supervision of the clinical preceptor incorporating evidence based practice guidelines.
5. Attend all scheduled clinical experiences on time and be prepared, completing all required clinical hours by the final date of each clinical course.
6. Complete clinical preceptor and clinical site evaluations at end of each clinical rotation.

✓ Preceptor Responsibilities

1. Complete Preceptor Agreement Form and facilitate completion of the affiliation agreement if necessary.
2. Review Preceptor Orientation Packet provided prior to the clinical rotation.
3. Orient student to the clinical site and agency policies.
4. Discuss with the student preferred method of communication for communication with the preceptor/clinical site.
5. Discuss preceptor and agency expectations for the documentation of patient encounters.
6. Facilitate an informal collaborative and mutually respectful environment in which to learn.
7. Promptly communicate to KCU faculty regarding issues of concern or unsafe practice.
8. Review the student's clinical learning outcomes to determine the types of experiences that will enhance the students learning. Direct the student to resources and evidence based readings.
9. Facilitate student's progressive independence in clinical knowledge and skills by supporting the student's autonomous assessment and evaluation.
10. Complete student's midterm and final clinical evaluation.

✓ Faculty Responsibilities

1. Assist student and clinical preceptor to optimize clinical learning environment.
2. Review Typhon clinical electronic log entries each week throughout the semester.
3. Provide preferred method of communication and be available to answer questions or concerns regarding the student's clinical experience.
4. Award student final grade upon achievement of clinical competencies.
5. Review the student's evaluation of the clinical site and preceptors and provide information to the faculty course coordinator.
6. Provide written documentation to the preceptor of the semester, year, course and hours worked with the NP student at the end of the rotation.

By signing this form, I agree that I have read the above, received the preceptor orientation packet and will participate in mid-term and final clinical evaluations.

Preceptor Name (printed)

Preceptor Signature

Date

Student Name (printed)

Student Signature

Date

**Please reach out to us if you have any questions or concerns
Yancey School of Nursing • 606-474-3255 • kegeyer@kcu.edu**