

APPENDIX D

Rudy School of Nursing and Health Profession Preceptor & Graduate Online Learner Contract Agreement

Complete the application and submit an electronically scanned copy by e-mail along with the preceptor's CV to your Practicum Course Coordinator.

As a graduate online learner, it is your responsibility to match the practicum experience with your overall goals for the MSN program. It is important that you choose a preceptor who can help you in meeting your goals. All placements are subject to approval by the MSN Program Director.

Graduate Learner Name

Preceptor Name

Preceptor Title

Preceptor Credentials

Preceptor Phone Number

Preceptor E-Mail

Practicum Site Organization Name

Practicum Site Organization Phone

Practicum Site Organization Address

Is the preceptor you have chosen your immediate supervisor, boss, or manager? Yes No
For what reasons have you selected this individual to precept your practicum experience?

How will your preceptor serve to foster your overall practicum experience?

Graduate Learner Signature

Date

Preceptor:

Are you authorized to approve practice experiences within your organization? Yes No
Has the facility Director, Dean, and/or Manager, etc. approved this preceptorship? Yes No

Preceptor Signature

Date