

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Verification of Contract for Family Nurse Practitioner Placement

Name of Student:	<hr/>		
Course Number:	<hr/>		
Semester/Year:	<hr/>		
Name of Agency:	<hr/>		
Address of Agency:			
Telephone/Agency:	<hr/>		
Email/Agency:	<hr/>		
Fax/Agency:	<hr/>		
Name of Preceptor:	<hr/>		
<p>(for the Administrative Support Coordinator at the Department of Nursing to complete)</p> <p>Verification of Contract: Yes _____ No _____ Initiated but not signed _____</p> <p>Date of Contract: _____ Expiration Date of Contract: _____</p> <p>Verified by: _____ Date: _____</p>			
<p>Please return to instructor after verification of contract has been completed by Nursing Department staff.</p>			
Name of Instructor:	<hr/>		
Signature of Instructor:	<hr/>	Date:	<hr/>

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program
Confirmation of Agreement to Precept

I, _____ (**Printed name of Preceptor**) have met with the graduate student regarding a preceptorship at this agency. I have reviewed the preceptorship agreement, and we have discussed the course objectives, clinical requirements, and the FNP Student Evaluation document for _____ (**course number**) and agree to act as Clinical Preceptor to _____ RN (**Printed name of Graduate Student**) as part of his/her enrollment in the CSUB Graduate Nursing Program clinical course. I am aware that I will need to confer with the Clinical Instructor during and at the end of the Semester to provide any information I believe is necessary regarding the student's progress in the clinical practicum. A written evaluation of the student, on the provided form should be submitted at the end of the Semester.

I meet the following minimum qualifications to precept this student:

- Possession of a current California license to practice as a physician or nurse practitioner.
- A copy of my California License to Practice is available at my facility.
- At least one year of clinical experience either as a physician or nurse practitioner providing primary care.
- In a group practice, any other provider participating in supervision of the student must also meet the same qualifications with regard to education and clinical experience.

I am willing to serve and be available as a preceptor for this student enrolled in the above named course during the period of _____ (Semester), in _____ (year).

I am also aware that I must complete the FNP Student Evaluation document prior to the end of the Semester in which this student is enrolled.

Preceptor (Print): _____

Telephone: _____ FAX: _____

Most convenient time to call: _____

Email: _____

Agency: _____

Address: _____

City/State: _____ Zip: _____

Preceptor's Signature

Date

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Preceptor Profile Form: Biography/Curriculum Vitae

*Name: _____ *Credential(s): _____

*License #: _____ *Expiration Date: _____

*Area of Specialization: _____ *Years of Experience: _____

*Facility: _____ *Business Address: _____

*Work Phone: _____ Work Fax: _____

*Email Address: _____

1.Education: List your basic medical/nursing education/advanced education as a physician or in nursing or other fields

Name of College	Location	Degree Earned	Dates of Attendance

2.Certifications: List any certifications that you hold.

Name of Certification	Organization Providing Certification	Dates of Certification

3.Clinical Experience: List your most recent clinical experience other than your present employment.

Name of Employer	Job Title/Responsibilities	Dates of Employment

4.Professional Honors and Awards: List any special professional honors/awards you have received (e.g., Sigma Theta Tau and other professional organizations; conference presentations; scholarships; publications; recognition).

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5.Preceptor Experience: List prior preceptor experience with CSUB, other colleges, hospitals, & health care organizations

Name of Organization	Type of Student	Dates/Length of Preceptorship

***Indicates required information**

Note: In lieu of completing sections 1-5, attach your curriculum vitae documenting this information.

PLEASE RETURN TO:

California State University, Bakersfield
Attn:Administrative Support
Department of Nursing
29 RNC
9001 Stockdale Highway
Bakersfield, CA 93311-1022