**NRSE-4062 RN Practicum**

**BSN Clinical Skills Checklist**

**Signatory Form**

**Purpose:** This form verifies that the signatory has a minimum of a Baccalaureate degree in Nursing and is a manager or supervisor who is qualified to evaluate the BSN Clinical Skills of the ETSU RN to BSN student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name).

Manager/Supervisor Name and Current Title (printed)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work contact information**

Facility & Unit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office E-mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leadership Experience**

Highest degree earned in Nursing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience in current position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years managing/supervising the above stated RN to BSN Student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Manager/Supervisor), believe the above information on this form to be true. I understand that by signing this form I agree to complete the BSN Clinical skills Checklist based on the clinical performance of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name). I also agree to be contacted by ETSU faculty or administrator to verify my current employment or the current employment of the fore mentioned student.

**Manager/Supervisor Signature-**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_