

Preceptor Intent Form

Evaluator: _____ Evaluatee: _____

Program: _____ Evaluation Date: _____

The Preceptor Intent Form is a tool created for faculty to assess the preceptor's ability to meet the practicum course's population focus and learning outcomes for the student.

Concentration

- AGPCNP
- FNP
- PMHNP

E Number

First Name

Last Name

ETSU Email Address

Course for which preceptor is being requested

- NRSE 5010 Health Assessment Practicum
- NRSE 5012 Young & Middle Adults Practicum
- NRSE 5014 Older Adults Practicum
- NRSE 5022 Women's Health Practicum
- NRSE 5024 Children & Adolescents Practicum
- NRSE 5032 Older Adult Chronic Health Practicum
- NRSE 5045 Nursing Education Clinical Focus Practicum
- NRSE 5046 Nursing Education Practicum
- NRSE 5405 Advanced Family Psych I Practicum
- NRSE 5409 Advanced Family Psych II Practicum
- NRSE 5411 Interpersonal Treatment Modalities Practicum
- NRSE 5500 Executive Leadership Practicum
- NRSE 6800 Res I Residency I
- NRSE 6800 Res II Residency II
- NRSE 6800 Res III Residency III
- NRSE 6800 Res IV Residency IV
- NRSE 6950 Internship in Advanced Nursing Practice

Preceptor Intent Form

Semester:

- Fall
- Spring
- Summer

Year

- 2017
- 2018
- 2019
- 2020
- 2021

Are you employed by this agency?

- Yes
- No

Have you precepted at the graduate level with this preceptor/agency before?

- Yes
- No

If yes, for which course?

How many hours do you plan to complete with this preceptor?

If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below.

Preceptor's Full Name

Preceptor's credentials (i.e., FNP, ANP, MD, etc.)

Preceptor Intent Form

Preceptors Email Address

Agency Name

Agency Street Address

Agency City

Agency State

Agency Zip

Agency Telephone

Agency FAX

Number of students that will be supervised concurrently by this Preceptor during this rotation?

Preceptor Intent Form

Degree #1: Degree Type

Degree #1: Degree School

Degree #1: Year Received

Degree #2: Degree Type

Degree #2: Degree School

Degree #2: Year Received

Degree #3: Degree Type

Degree #3: Degree School

Degree #3: Year Received

Preceptor Intent Form

Professional License #1: Number

Professional License #1: State

Professional License #1: Expiration Date

Professional License #2: Number

Professional License #2: State

Professional License #2: Expiration Date

Professional Certification #1: Number

Professional Certification #1: Expiration Date

Professional Certification #2: Number

Preceptor Intent Form

Professional Certification #2: Expiration Date

Do you see children at your practice/clinical site?

- Yes
- No

If yes, what percentage of your patients are children?

If yes, what is the average number of children seen per day?

Do you see adolescents at your practice/clinical site?

- Yes
- No

If yes, what percentage of your patients are adolescents?

If yes, what is the average number of adolescents seen per day?

Do you see women at your practice/clinical site?

- Yes
- No

If yes, what percentage of your patients are women?

If yes, what is the average number of women seen per day?

Preceptor Intent Form

Do you see Adults at your practice/clinical site?

- Yes
 No

If yes, what percentage of your patients are adults?

If yes, what is the average number of adults seen per day?

Do you see Older Adults at your practice/clinical site?

- Yes
 No

If yes, what percentage of your patients are older adults?

If yes, what is the average number of older adults seen per day?

Progress toward finalization of this placement will be documented within the Project Concert site. Before beginning clinicals you must ensure that: 1. The clinical faculty has approved the use of this preceptor; 2. The preceptor's credentials have been verified by the Office of Student Services; and 3. A contract is in place. In addition, you must ensure that you have met all clinical requirements (i.e., immunizations, liability insurance, etc.).

By clicking the "I agree" box below, I acknowledge that I have read, understand, and will abide by the above statements.

- I agree