BGSU | **School of Nursing**

BOWLING GREEN STATE UNIVERSITY

PRECEPTOR APPLICATION
Bowling Green State University
Bachelor of Science in Nursing Program

Name:	Employer:	Unit:	Shift:

Preferred Email:	Preferred Phone:

Nursing License #	Date of Issue and Expiration:

Last 4 digits of Social Security number:

Education: Please list the School, Degree, and Date of Graduation (month/year)

Certification(s):	Expiration Date:

Employment History: *(start with most recent)*
- Location:
- Position and Unit:
- Date: Month and Year
- Duties:

- Location:
- Position and Unit:
- Date: Month and Year
- Duties:

- Location:
- Position and Unit:
- Date: Month and Year
- Duties:

Describe your competency in the area of clinical practice in which you will be a preceptor. Include years of experience in the particular area for which you are acting as a preceptor including month and year. *For example: 5 years' experience in medical surgical nursing from 6/12-6/17.*

I agree to the following:

The preceptor providing supervision of a nursing student shall at least:
- Have competence in the area of clinical practice in which the preceptor is providing supervision to a student.
- Design, at the direction of a faculty member, the student's clinical experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled.
- Clarify with the faculty member the: role of the preceptor; responsibilities of the faculty member; course and clinical objectives or outcomes; and clinical experience evaluation tool.
- Contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.
- A preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

Printed Name of Applicant: _____   Date: _____

Signature of Applicant: _____   Date: _____

Initial Reviewer by BGSU: _____   Date: _____

Annual Reviewer by BGSU: _____   Date: _____