

California State University, Fresno
School of Nursing
School Nurse Services Credential Program

CSUF PRECEPTOR / STUDENT CLINICAL CONTRACT (P103/P203)

Student name _____ Date _____

District employed by _____ Phone _____

Worksites/weekdays/phone numbers _____

Home address/zip _____

Cell phone _____ E-mail address _____

Note: Practicum hours are to be completed under the direct supervision of the preceptor and away from the student's regular work site if she/he is employed as a school nurse. With approval of clinical instructor, it is permissible for the preceptor to make special arrangements for the student to work with another qualified credentialed school nurse in that same school district in order to gain experience in a specific area that the preceptor cannot offer at his/her own school site(s). Note: Practicum hours may be completed in the school district in which the student is employed but not at their regular assignment.

Total number practicum hours needed by the student: 80 hours (_____) 120 hours (_____)

Site(s) of Practicum experience (include weekdays, times, addresses, phone numbers):

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Preceptor/Student Clinical Contract (page 2)

Preceptor name _____

School district _____

Address (work) _____

Preceptor cell phone _____ E-mail address _____

Immediate supervisor/title _____ Phone _____

Address of supervisor _____

STUDENT _____ (print/type)

I have read all course materials and plan to consult with my preceptor in the development of my Student Goals and Learning Objectives prior to beginning my practicum experience. I agree to comply with all of the terms of this contract.

Student Signature _____ **Date** _____

PRECEPTOR _____ (print/type)

I have read the Preceptor Syllabus and agree to comply with the terms of this contract as outlined. I will assist my student in the development of Students Goals and Learning Objectives that will lead to a meaningful clinical experience and will mentor, supervise, and guide him/her throughout this clinical experience.

Preceptor Signature _____ **Date** _____

CLINICAL INSTRUCTOR _____ (print/type)

I give my approval for this preceptor to precept the student named above. I have determined that all of the necessary documentation is in place and I give my approval for this student to begin his/her clinical experience. I will review this student's Student Goals and Learning Objectives for the semester and will give my approval or will notify the student of needed changes.

Clinical Instructor Signature _____ **Date** _____

This signed contract must be FAXED to the student's clinical instructor at 559-228-2168 before clinical practice can begin. Both preceptor and student should keep a copy of this contract.