

SCHOOL NURSE SERVICES CREDENTIAL PROGRAM
California State University, Fresno
School of Nursing

Immediate Supervisor Approval of Employee to Act as Preceptor (P101/P201)

(Must be signed by preceptor's immediate supervisor or district administrator)

The faculty of CSUF School of Nursing is pleased that a school nurse within your district has agreed to act as a preceptor for students in our School Nurse Services Credential program. In order to do this he/she must have your district's approval, hold a School Nurse Services Credential, and have three years of school nursing experience beyond the credential (a total of five years' experience). Thank you for your consideration in this matter.

Immediate Supervisor / Administrator

I give approval on behalf of the _____
(School District Department of Health Services, other)

for _____, School nurse, to serve as a preceptor for a student(s) in the CSUF School Nurse Services Credential Program.

Student preceptor will be supervising (Name) _____,
For the (circle one or both as appropriate) Spring/Fall Semester, Year _____

Note: For a school nurse to qualify as a preceptor, he/she must hold a clear School Nurse Services Credential and have been employed as a school nurse for a minimum of five (5) full years.

I have been informed that a formal agreement between the CSUF School of Nursing and this district is in effect.

Signature _____ Date _____

Title/position _____

Address/city/zip _____

Phone number () _____ E-mail address _____

Fax completed form to:

Faculty
School Nurse Services Credential program
Fax (559) 228-2168