

<b>Date</b>			<b>Semester &amp; Year of Practicum</b>		
<b>Student's Name</b>			<b>Email</b>		
<b>Program of Study</b>					
<b>Phone Numbers</b>	<b>Home</b>	<b>Cell</b>		<b>Work</b>	
<b>Student's Current Employer</b>			<b>Position</b>		
<b>Proposed Practicum Facility</b>					
<b>If facility has an existing AA, provide contract expiration date (from SON website)</b>					
<b>Facility Address</b>					
<b>Proposed Preceptor's Name, Title</b>					
<b>**Practicum Site Contact Person for Processing of Affiliation Agreement</b>					
<b>Name</b>			<b>Title</b>		
<b>Email</b>			<b>Phone</b>		
Place "X" in corresponding box					
<b>Practicum Clinical Setting</b>	<input type="checkbox"/>	Federally Qualified Health Center	<input type="checkbox"/>	Medically Underserved Community	
	<input type="checkbox"/>	Health Professional Shortage Area	<input type="checkbox"/>	Rural Location	
<b>Clinical Site Population (Check One)</b>	<input type="checkbox"/>	Acute Care Gerontology Nurse Practitioner	<input type="checkbox"/>	Women's Health/Gender-Related and Psychiatric Mental Health	
	<input type="checkbox"/>	Acute Care Pediatric Nurse Practitioner	<input type="checkbox"/>	Pediatrics	
	<input type="checkbox"/>	Adult Gerontology	<input type="checkbox"/>	Pediatric Primary Care Nurse Practitioner	
	<input type="checkbox"/>	Adult Gerontology Primary Care Nurse Practitioner	<input type="checkbox"/>	Women's Health/Gender-related Nurse Practitioner	
	<input type="checkbox"/>	Clinical Nurse Specialist	<input type="checkbox"/>	Psychiatric/Mental Health Nurse Practitioner	
	<input type="checkbox"/>	Family/individual Across Lifespan	<input type="checkbox"/>	Public Health Nurse	
	<input type="checkbox"/>	Midwife	<input type="checkbox"/>	Nurse Administrator	
	<input type="checkbox"/>	Neonatal	<input type="checkbox"/>	Nurse Informaticist	
	<input type="checkbox"/>	Neonatal Nurse Practitioner	<input type="checkbox"/>	Nurse Educator	
	<input type="checkbox"/>	Nurse Anesthetist	<input type="checkbox"/>	Other	
<b>Practicum Training Site Type (Check One)</b>	<input type="checkbox"/>	Birthing Center	<input type="checkbox"/>	Indian Health Service—Freestanding Clinics	
	<input type="checkbox"/>	Community Health Center	<input type="checkbox"/>	Indian Health Service Hospital	
	<input type="checkbox"/>	Federal & State Bureaus of Prison	<input type="checkbox"/>	Long-term Care Facility	
	<input type="checkbox"/>	Health Department Clinic (State, County, or City)	<input type="checkbox"/>	Nurse Managed Health Clinic	
	<input type="checkbox"/>	Home Health	<input type="checkbox"/>	Private Practice	
	<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Rural Health Clinic	
	<input type="checkbox"/>	Hospital – Community	<input type="checkbox"/>	School-based Health Center	
	<input type="checkbox"/>	Hospital – Federal			

	Hospital – Private	Other
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### Preceptor Information

<b>Preceptor's Name</b>			<b>Preceptor's Position</b>	
<b>Job Description and Functions (Please be thorough)</b>				
<b>Departments Supervised</b>				
<b># Employees Organization-wide</b>		<b># Employees Supervised by Preceptor</b>		
<b>Has the proposed preceptor served as a masters level preceptor previously?</b>		<b>Will the proposed preceptor serve as a preceptor to other students during your practicum semester?</b>		
<b>Preceptor's Contact Information</b>	<b>Office Phone</b>	<b>Fax</b>	<b>Email</b>	
<b>Preceptor's Credentials</b>	<b># Years in current position</b>			
<b>License #</b>		<b>State</b>		
<b>Certification #</b>		<b>Name of Certifying Body</b>		
<b>Educational Background</b>	<b>School</b>	<b>Degree(s)</b>	<b>Date</b>	
<b>Undergraduate School(s)</b>				
<b>Graduate or Professional School(s)</b>				
<b>Certification and Licensure</b>				
<b>Date</b>	<b>Expiration Date</b>	<b>Agency</b>	<b>State</b>	
<b>Professional Practice/Employment</b>				
<b>Dates</b>	<b>Activity</b>	<b>Location</b>	<b>Institution &amp; Affiliation</b>	
<b>Have you previously precepted graduate nursing students?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>How many years?</b>	

## Student's Information

<b>Current Place of Employment</b>		<b>Current Position/Title</b>	
<b>Credentials</b>		<b># Years in current position</b>	
<b>Job Description for Current Position</b>			
<b>Student's Supervisor(s)</b>			
<b>Previous Professional Practice/Employment</b>			
<b>Dates</b>	<b>Institution</b>	<b>Location (City, State)</b>	<b>Position/Title</b>
<b>Educational Background</b>	<b>School</b>	<b>Degree(s)</b>	<b>Date</b>
<b>Undergraduate School(s)</b>			
<b>Graduate or Professional School(s)</b>			
<b>Describe your desired practicum experience.</b>			

## Preceptor Agreement

### Practicum Preceptors are expected to:

- Orient the graduate student to the environment and introduce him/her to other key personnel.
- Ensure that the student is exposed to a variety of learning experiences, particularly those that will assist him/her in meeting course objectives (below) and the practicum goals/objectives developed by the student.
- Serve as an advisor and mentor to the student.
  - Demonstrate comprehension of organization and administrative theories, techniques, and strategies applicable at various management structure levels of the health care organization.
  - Understand the relationship between nursing systems, care management systems and other subsystems of health care delivery.
  - Analyze relationships between situational factors and managerial styles critiquing their compatibility, effectiveness and applicability to practice.
  - Evaluate efficiency and effectiveness of nursing managers and management teams.
  - Utilize management techniques to achieve goals defined for the department of nursing or its subsystem.
  - Demonstrate ability to analyze the strategic significance to a particular organization of the potential of social, ethical, legal, regulatory or fiscal constraints and their affect on the patient and the organization.
  - Utilize systematic procedures and processes in data collection, analysis, and interpretation to recommend improvement in-patient or organizational outcomes.
  - Demonstrate ability to achieve selected management goals and/or objectives through promoting collaboration among professional and non-professional personnel.
- Provide feedback to the student to improve the student's ability to accomplish his/her established goals.
- Help student recognize boundaries of the role in which the preceptor functions.
- Sign the student's Practicum log on a regular basis during the Practicum experience.
- Evaluate the student's abilities and submit the Practicum Evaluation Form to Loyola faculty at the end of the experience.
- Meet/dialogue with Loyola faculty at the beginning and end of the practicum.
- Promptly notify Loyola faculty of an issue related to the student's performance requiring immediate attention.
- Share with Loyola faculty ideas, which could improve the Practicum experience for future students.
- Coordinate with and provide the student an opportunity to complete a minimum of 180 on-site practicum hours.

*Preceptor: Your signature indicates you agree to serve as preceptor for the current academic term. This Agreement must be on file prior to the first day of the Practicum experience.*

Date:

Preceptor's Signature \_\_\_\_\_

or

Electronic Signature

Preceptor's Printed Name:

**Please submit via the drop box in the Practicum Resource Site in Blackboard**

**Office Use Only**

**Faculty Notes**

<b>Date</b>	<b>Subject of Communication</b>	<b>Content</b>

<b>Initial Phone Conference</b>	<b>Content</b>
<b>Date/Time</b>	
<b>Goal I</b>	
<b>Goal II</b>	
<b>Goal III</b>	
<b>Practicum Project</b>	
<b>Other Notes</b>	

<b>Final Phone Conference</b>	<b>Content</b>
<b>Date/Time</b>	
<b>Goal I</b>	
<b>Goal II</b>	
<b>Goal III</b>	
<b>Practicum Project</b>	
<b>Strengths and Weaknesses</b>	
<b>Final Preceptor Evaluation of Student Conducted?</b>	
<b>Total # of Practicum Hours</b>	
<b>Other Notes</b>	