



Preceptor Information and Acknowledgement Form

United States University
College of Nursing & Health Sciences
Office of Field Experience
MSN/PM FNP

Preceptor Information and Acknowledgement Form Instructions

You have been nominated to be a preceptor for an upcoming clinical course for the United States University (USU) Family Nurse Practitioner (FNP) student listed below. We appreciate your contribution to the training of student nurse practitioners. Thank you for sharing your time, experience, and knowledge. We ask that all preceptors read and sign this document to acknowledge their role as a preceptor. This document has two parts:

1. Preceptor Onboarding Introduction
2. Preceptor Information and Acknowledgement Form

Preceptor Onboarding Introduction

Preceptor Onboarding/Training

All preceptors are expected to review and adhere to the Preceptor Onboarding and Orientation linked [HERE](#).

Preceptor Information and Acknowledgement Form

Complete the Preceptor Information and Acknowledgement Form. The form requires that all fields are completed.

Please ensure that all information is accurate, including but not limited to, licensing details for credentialing and verification, and contact information so that you receive student evaluation emails.

Next Steps

- After you have completed the onboarding and Preceptor Information and Acknowledgement Form, please share a copy with the student.
- This Preceptor Information and Acknowledgement Form is student, location and specialty specific, for compliance purposes. Thus, a form is required to be completed for each student, site location where clinical will occur and/or specialty.
- The Field Experience staff at USU will work directly with the administrator at your facility to establish an affiliation agreement (if not already on file).
- Upon final approval of the student's clinical documentation, the student will update you of the status. We recommend the preceptor make a schedule for all students they are precepting as to not exceed preceptor and student ratio.

Policy on Electronic Signatures

United States University manages the clinical preparation processes in a nearly paperless environment, which requires reliance on verifiable electronic signatures, as regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, his or her e-mail address, or any other identifying marker. An electronic signature is just as valid as a written signature if both parties have agreed to conduct the transaction electronically. United States University primarily uses DocuSign for the purpose of capturing signatures.

Thank you again for supporting United States University students.

Questions about this form?

Contact the Office of Field Experience (OFE) at ofe@usuniversity.edu or 1-855-619-6964



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Instructions: This form must be completed by the preceptor. A separate form must be required for each student, site and specialty.

Student Information

Student Name		Student ID	
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Preceptor Basic Information

Preceptor Full Name (on license/board certification)		Preceptor Credentials (for ex: FNP, MD, DO, etc.)	
Preceptor Phone Number		Preceptor E-mail	

Preceptor Professional License

Type of License	<input type="checkbox"/> NP	<input type="checkbox"/> Physician	<input type="checkbox"/> CNM	Years of Practice	
License Number (for credentialing purposes)				License State	

Preceptor Board Certification

Please provide acceptable proof of board certification documentation as described in **Exhibit A**.

Currently Board Certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Preceptors must be board certified)	
Board Cert. Organization		Board Certification Number	

Preceptor Current Employment

Current Employer/Name of site where student will complete clinical				
Physical address of employer/site where student will complete clinical	Address	City	State	Zip code
Current Title		Start Date of Current Employment (MM/YYYY)		
Primary Duties/Responsibilities (summarize to provide evidence of clinical competency)				

Preceptor Current Practice Area (select one)

Family/Primary Care (across the lifespan)
 Primary Care - Adult/Internal Medicine
 Women's Health, OB/GYN
 Geriatrics
 Pediatrics
 Urgent Care (limit of 135 hours)
 Other/Specialty (limit of 40 hours): _____

Are you planning to allow telehealth?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If approved, the experience will be limited to 40 hours. Preceptor must review and abide by the strict telehealth requirements within the FNP Clinical Handbook.
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Preceptor Employment History

Complete **Exhibit B** if you have been with your current employer less than three (3) years.

Preceptor Education

Highest Degree		Major/Degree Concentration	
University/College Name		Month & Year of Graduation (MM/YYYY)	

Preceptor Acknowledgement

By signing below I confirm that I have reviewed the information including the preceptor onboarding provided and I am willing and able to meet all requirements of the preceptor role and I confirm the following:

- The student will have access to electronic medical/health record system during the clinical experience.
- The student will have hands-on direct patient care clinical experience.
- The preceptor-to-student ratio may not exceed 1:2, with the exception of NJ placements, which must adhere to the 1:1 ratio. NP students from other universities should be included in this ratio.
- If my license or board certification status changes, I will immediately contact the Office of Field Experience (OFE) and pause precepting the student until cleared through OFE.
- You have approval from your employer/clinical site to be a preceptor for this student.

Preceptor Signature

Signature	Date
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Exhibit A - Proof of Board Certification

Provide Board Certification Documentation

Please provide acceptable proof of board certification documentation via e-mail as described below.

All Board Certification Documents Must:

- Be clear and legible
- Include certification number
- Indicate that the certification is current and valid
 - Includes expiration/end date or noted as “non-expiring
 - “Certified” status (or “Meeting Requirements”, “Active”, etc.)

Acceptable Board Certification Documentation:

- Verification letter from US national certifying board
- Electronic confirmation through the certifying board’s online database
 - Unacceptable if it is indicated that the search feature is for consumer reference only or not intended for verification purposes (e.g. ABMS “Is My Doctor Board Certified?”, ABFM “Find a Physician Directory”), or other variations of this message.
 - Electronic confirmation from equivalent sources, such as:
 - American Medical Association (AMA) Physician Masterfile
 - American Osteopathic Association (AOA) Physician Masterfile or Physician Profile Report
 - Copy of certificate or wallet card
 - Documented direct correspondence between USU and certifying board agent

Not Acceptable:

- National Board of Physicians and Surgeons (NBPAS)



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Exhibit B - Preceptor Employment History

Instructions: If you have been with your current employer (listed above) **less than** three (3) years, choose option 1 or 2.

Option 1: List Employment History

Provide additional employment history below. USU must have at least three (3) years of employment history on file. Please complete all the sections for each position.

Employer Name			
Employer City		Employer State	
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Title			
Primary Duties/Responsibilities (summarize to provide evidence of clinical competency)			
Employer Name			
Employer City		Employer State	
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Title			
Primary Duties/Responsibilities (summarize to provide evidence of clinical competency)			
Employer Name			
Employer City		Employer State	
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Title			
Primary Duties/Responsibilities (summarize to provide evidence of clinical competency)			

Option 2: Provide CV/Resume Document

Option 2: In lieu of Option 1, the preceptor may provide their resume/CV via e-mail. However, the current employment must match the information provided on the preceptor acknowledgment form.