



Clinical Agency and Preceptor/Mentor Form

This form is to be completed electronically and emailed to the appropriate reference as outlined below. **HANDWRITTEN FORMS WILL NOT BE ACCEPTED.**

Copies of required preceptor/mentor information (license, certification, CV) MUST accompany this form for final approval of the clinical experience and development of the clinical affiliation agreement. PLEASE SEND THE FORM AND ALL OTHER REQUIRED DOCUMENTS IN ONE EMAIL TO THE FOLLOWING:

Nurse Executive, Nursing Education, and Nursing Informatics Students: Please submit to clinical@onlinenursing.wilkes.edu

DNP Students: Please submit to clinical@onlinenursing.wilkes.edu

NSG 411 Students: Please submit to lori.novitski@wilkes.edu , Graduate Clinical Coordinator

Nurse Practitioner RN to M.S.N, M.S.N and Post Graduate/APRN Certificate Students: Please submit to lori.novitski@wilkes.edu , Graduate Clinical Coordinator

Student and Course Information

Name:	Telephone Number:
Course Start Date (Month):	Year:
Course: NSG	

Is your preceptor/mentor and agency information the same as from a previous clinical course?
If yes, complete the following and forward this form as instructed above.

Clinical Course: NSG _____	
Course Start Date (Month):	Year:

If no, complete the preceptor/mentor and agency information below and forward this form as instructed above.

Preceptor/Mentor Information

Name:	Title:
Discipline:	Type(s) of patients seen:



Will the preceptor/mentor be supervising other students concurrently?	If yes, how many?
Address:	Phone:
Address:	Fax:
City, State, Zip:	Email:

Agency Information

Name:	Setting*: * Hospital, physician office, outpatient clinic, etc.
Street Address:	Contact Person for Agency Responsible for Contract Completion (this may be a different person than the preceptor):
City, State, Zip:	Contact Person Title:
Contact Person Phone:	Contact Person Email:

Are you employed by the agency above:

If using more than one preceptor per clinical course, a separate form must be submitted for each.

Review and Approval by Passan School of Nursing Designee (Print)

Reiview and Approval by Passan School of Nursing Designee (Signature)

Date
