CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Verification of Contract for Family Nurse Practitioner Placement

Name of Student: _____

Course Number: _____

Semester/Year: _____

Name of Agency: _____

Address of Agency: ☐

Telephone/Agency: _____

Fax/Agency: _____

Name of Preceptor: _____

Preceptor Email

(for the Administrative Support Coordinator at the Department of Nursing to complete)

Verification of Contract: Yes ☐ No ☐ Initiated but not signed _____

Date of Contract: _____ Expiration Date of Contract: _____

Verified by: _____ Date: _____

Please return to instructor after verification of contract has been completed by Nursing Department staff.

Name of Instructor: _____

Signature of Instructor: _____ Date: _____

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program
Confirmation of Agreement to Precept

I, _____ (**Printed name of Preceptor**) have met with the graduate student regarding a preceptorship at this agency. I have reviewed the preceptorship agreement, and we have discussed the course objectives, clinical requirements, and the FNP Student Evaluation document for _____ (**course number**) and agree to act as Clinical Preceptor to _____RN (**Printed name of Graduate Student**) as part of his/her enrollment in the CSUB Graduate Nursing Program clinical course. I am aware that I will need to confer with the Clinical Instructor during and at the end of the Semester to provide any information I believe is necessary regarding the student's progress in the clinical practicum. A written evaluation of the student, on the provided form should be submitted at the end of the Semester.
I meet the following minimum qualifications to precept this student:

- Possession of a current California license to practice as a physician or nurse practitioner.
- A copy of my California License to Practice is available at my facility.
- At least one year of clinical experience either as a physician or nurse practitioner providing primary care.
- In a group practice, any other provider participating in supervision of the student must also meet the same qualifications with regard to education and clinical experience.

I am willing to serve and be available as a preceptor for this student enrolled in the above named course during the period of _____ (Semester), in _____ (year).

I am also aware that I must complete the FNP Student Evaluation document prior to the end of the Semester in which this student is enrolled.

Preceptor (Print): _____

Telephone: _____ FAX: _____

Most convenient time to call: _____

Email: _____

Agency: _____

Address: _____

City/State: _____ Zip: _____

_____ _____
Preceptor's Signature Date

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Preceptor Profile Form: Biography/Curriculum Vitae

Name: _____ Credential(s): _____

License # _____ Expiration Date: _____

Area of Specialization: _____ Years of Experience: _____

Facility: _____ Business Address: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

Education: List your basic medical/nursing education/advanced education as a physician or in nursing or other fields

Name of College	Location	Degree Earned	Dates of Attendance

Certifications: List any certifications that you hold.

Name of Certification	Organization Providing Certification	Dates of Certification

Clinical Experience: List your most recent clinical experience other than your present employment.

Name of Employer	Job Title/Responsibilities	Dates of Employment

Professional Honors and Awards: List any special professional honors/awards you have received (e.g., Sigma Theta Tau and other professional organizations; conference presentations; scholarships; publications; recognition).

Preceptor Experience: List prior preceptor experience with CSUB, other colleges, hospitals, & health care organizations

Name of Organization	Type of Student	Dates/Length of Preceptorship

*In lieu of completing this section, attach your curriculum vitae documenting this information.

PLEASE RETURN TO:
California State University, Bakersfield
Attn: Administrative Support
Department of Nursing
29 RNC
9001 Stockdale Highway
Bakersfield, CA 93311-1022