



College of Nursing and Health Professions

Baccalaureate Nursing Program Preceptor Agreement

Preceptors for the University of Southern Indiana (USI) Baccalaureate Nursing Program must have a minimum of 18 months experience as a registered nurse and an unencumbered RN license within the state in which they will be assigned. Please answer the questions below to complete this form.

- Preceptor Name: _____ (FIRST) _____ (LAST)
• Professional Registered Nurse (RN) License Number (MANDATORY): _____
• Have you been a practicing Registered Nurse for 6 months or more? ___ YES ___ NO
• I currently have an active and *unencumbered nursing license. *An unencumbered license means a license that is not currently on probation, monitoring, suspension, and/or does not have any other type of limitation including current participation in an alternative to discipline program. ___ YES ___ NO
• I have reviewed the USI Preceptor and Student Guidelines (see document for details). ___ YES ___ NO
• I agree to serve as a preceptor for the USI Baccalaureate Nursing. Dates and times of the clinical experience will be determined by the student, preceptor, and clinical faculty. ___ YES ___ NO
• Title / Position (Registered Nurse, APRN, CNS, Nurse Practitioner, OTHER): _____
• Facility Name/Unit: _____
• Preceptor Preferred Email address: _____
• Course and Semester Information:
o Course (N357, N358, N363, N364, N368, N455, N456, N461, N468, N488, N498, OTHER): _____
o Semester (Fall/Year; Spring/Year; Summer/Year): _____

Preceptor Signature: _____ Date: _____

For office use only:

Date received: _____ Approved as a Clinical Preceptor: ___yes ___no
Faculty Signature: _____ Date: _____
Approved 10/2022-1/2023 08/2024