

**Oregon State Board of Nursing**

17938 SW Upper Boones Ferry Road • Portland, Oregon 97224-7012

Phone: 971-673-0685 **License Verification:** 971-673-0679**Website:** www.oregon.gov/OSBN

All forms must be submitted to OSBN by the educational institution.

CLINICAL PRECEPTOR AGREEMENT

For Non-Oregon Based Programs

Offering Advanced Practice Clinical Experience in Oregon

(Revised 07/01/2021)

Instructions

This form is to provide contact information and signatures of the designated preceptor and supervising faculty for each student completing clinicals in Oregon. If more than one preceptor will be involved in supervising the student, a separate form is required for approval.

Electronic signatures or notations that signatures are on file with the nursing program are acceptable.

PROGRAM INFORMATION			
Program / College / University Name	Advanced Practice University		
Student Name	Get Smart		
Degree Sought (MSN, DNP)	DNP		
Student's Specialty Track (FNP, AGPCNP, WHNP, etc.)	FNP		
CLINICAL EXPERIENCE – OREGON AGENCY or FACILITY			
Agency/Facility Name:	Lady with a Lamp Clinic	Contact Person Name:	Florence Nightingale
Address (Street, City, State, Zip):	1820 Constantinople Street, Florence, OR 55555	Contact Person Position:	Student Clinical Coordinator
Affiliation Agreement:	<input checked="" type="checkbox"/> Yes	Date of Affiliation Agreement or other Clinical Site Contract:	3/14/2021
		Contact Person Phone#:	(555) 333-1234
PROGRAM FACULTY or CONTRACTED CLINICAL EVALUATOR LICENSED IN OREGON & CONDUCTING ON-SITE VISITS			
Faculty Name:	Mary Clark	Faculty's National Certification – APRN Role	FNP
Faculty Oregon APRN License #:	OR 222222222	Faculty Contact Email:	mar.clark@email.com
Faculty License Expiration Date:	5/27/2022	Faculty Contact Phone#:	(555) 555-5555

AFFIRMATION BY CLINICAL PRECEPTOR & SUPERVISING FACULTY

I, Florence Nightingale (type or print name) agree to serve as **Clinical Preceptor** for the above named student for the agreed upon time period. I will directly supervise this student and agree to provide comprehensive feedback regarding the competency of this individual to the above named faculty. I understand that I must retain an unencumbered Oregon license for the duration of the time I serve as a Clinical Preceptor and will notify the program if I become the subject of a current Board investigation.

I meet the Oregon State Board of Nursing requirements as a preceptor, including:

- Licensed practice a minimum of 2,080 hours;
- Received clinical preceptor guidance from the program per OAR 851-051-0060(3)(j); and
- Hold a current, unencumbered Oregon license appropriate to the health professional area of practice and congruent to the student's specialty track.

Preceptor's Oregon License Number: OR 111111111 Expiration Date: 09/07/2022

Specialty Area of Practice Congruent to Student's Specialty Track: FNP

If an APRN, National Certifying Body: ANCC; Credential Awarded: FNP-BC; Expiration Date: 9/7/2022

Florence Nightingale - Electronic Signature	555-333-1234	07/01/2021
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(Signature of Clinical Preceptor)	Phone Number	Date
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Mary Clark - on file at AP University	555-555-5555	07/01/2021
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(Signature of Program Faculty or Contracted Clinical Evaluator)	Phone Number	Date
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Marie Curie, Dean, College of Nursing - Electronic Signature	555-333-3333	07/01/2021
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(Signature of Nursing Program Representative)	Phone Number	Date
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