

### Instructions for Preceptor Approval Process

1. Student contacts willing preceptor.
2. Student checks preceptor's license i.e. does a licensee search on the appropriate Board website. Student prints a copy of the preceptor's license information. If the preceptor has taken SLU students within the last year, then this step may be omitted as that information is on file.
3. **Student types (preferably) information on the preceptor information form to the extent that the information is known.** This step is always necessary, even if the preceptor has taken SLU students in the past.  

For example, student would not be able to fill in the preferred method of contact or cell phone number. If the preceptor is in a state that does not have online licensee search without a fee then the student obtains a copy of the license from the preceptor.
4. Student takes the form to the preceptor to verify accuracy of information and obtain any missing information.
5. Student emails or faxes the preceptor form to the appropriate faculty member i.e. the course coordinator.
6. Course coordinator will review the preceptor information and give approval if the preceptor is appropriate for the course.
7. Student verifies with clinical agency if an affiliation agreement is required or if proof of enrollment and SLU's Certificate of Liability insurance is sufficient.
8. If affiliation agreement is required, student submits Facility Contract Request form to ksaunde4@slu.edu
9. When the legal arrangement is negotiated, the course coordinator is notified.
10. Course coordinator notifies student that the clinical site is approved.

**Saint Louis University School of Nursing  
Preceptor Information Form**

Student Name	
Specialty Track (e.g. ACNP, FNP)	
Course Number	
Course Coordinator	
Semester and Year	
<b>Preceptor Contact Information</b>	
Full Name of Preceptor	
Name of Clinical Site/Medical Group	
Street Address	
Suite No., Department, Mail-Stop, Etc	
City, State, Zip	
Office Phone	
Cell Phone (optional)	
FAX Number	
E-mail Address	
Other contact information	
Best Time & Preferred Method of Contact	
Preferred address for Verification of Precepting form (& thankyou!)	
<b>Licensure/ Specialty Information</b>	<b>*Send copies of license and other recognition documents. You must notify the School of any encumbrances or changes of status in your licensure or certification.</b>
Degree (s)	
License Type, State and Number	
Specialty (e.g. Cardiology, FNP, LCSW)	
*If CNS or other please specify	
Subspecialty (if applicable)	
Certifying Body (e.g. ANCC, NCBPNP)	
Experience/students	Yrs experience:                      Current # of students:
<b>Clinical Setting</b>	
Clinical Setting Type (Hospital, Outpatient Clinic, please specify)	
Patient Population (e.g. Pediatric, etc.)	
<b>Faculty to Fill Out</b>	
Dates	Beginning:                      Ending:
Total Number of Clock Hours	

FAX number for FNP: 314-977-8817; PNP, PMHNP = 314-977-8819  
 FAX number for ACNP, AGNP = 314-977-8840, all others use 314-977-8817