Instructions for Preceptor Approval Process

1. **Student contacts willing preceptor.**

2. **Student performs licensee search on the appropriate board website to**

   1) **verify license and 2) check for any disciplinary action or encumbrances.**

      a. **For Nurse Preceptors, go to: https://www.ncsbn.org/license-verification.htm**

      b. **For non- nurse preceptors (MD, DO, PA, mental health professions), go to the appropriate website. For Missouri providers, go to: http://pr.mo.gov/healingarts-public-information.asp**

   Student downloads a copy of the preceptor's license verification information and the disciplinary report showing that license is free of encumbrances.

3. **Student types information on the preceptor information form to the extent that the information is known. Student verifies accuracy of information and obtains any missing information. This step is always necessary, even if the preceptor has taken SLU students in the past.**

4. **Student submits preceptor form according to course guidelines.**

5. **Course coordinator will review the preceptor information and give approval if the preceptor is appropriate for the course.**

6. **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.**

7. **If affiliation agreement is required, student submits Facility Contract Request form to ksaunde4@slu.edu**

8. **When the legal arrangement is negotiated, the course coordinator is notified.**

9. **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	
Preceptor Contact Information	
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 (& thank you letter)	
Licensure/ Specialty Information	***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.**
Degree (s)	
License Type, State and Number Any current discipline to license? (Y or N)	
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:
Clinical Setting	
Clinical Setting Type (Hospital, Outpatient Clinic, please specify)	
Patient Population (e.g. Pediatric, etc.)	
Faculty to Fill Out	
Dates	Beginning: Ending:
Total Number of Clock Hours	