



DNP Preceptor Handbook: 2025–2026



SCHOOL OF NURSING
ANDREWS UNIVERSITY
COLLEGE OF HEALTH
& HUMAN SERVICES



School of Nursing

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Dear Preceptor,

We would like to welcome you to the DNP program at Andrews University! We sincerely appreciate your willingness to support our program and mentor our students.

Because this is an online program, our preceptor orientation will be handled electronically unless you have further questions or would like to speak over the telephone. You should have received a preceptor handbook from the student you are precepting.

The first step in communication will be with the clinical instructor of the course. If you ever feel that you need further communication, you may contact the program director and then the school chair.

Documents Needed

To be compliant with ACEN accreditation, the nursing office requires copies of the following current documents: nursing or medical license, APRN license, certifications, CV, etc. The University requires a one-time completion of a W9 form. This is required in order to receive an honorarium that is prorated to the hours precepted in relation to the total clinical hours of the course. A copy of the form is in the appendix for your convenience.

Student Evaluations

Student evaluations should be completed at the mid-term and final. The clinical evaluation forms are in the appendices.

Practicum Hours

Students record their practicum hours on EXXAT. These are electronic programs that allow detailed information about patient demographics, pt. type, SOAP notes, time logs, etc. Preceptors log in to EXXAT and look over the information the student has submitted. Preceptors have the ability to accept the logs one at a time, or preceptors have the ability to go in and accept all of the logs at once. If you are a new preceptor, your student will submit your information to EXXAT and request you be added to the database. Once that has been done, EXXAT will send an email to you with a link to access and approve student submissions.

Track	Course #/Sequence	Course Title	Practicum Hours	Cumulative Hours
BSN-DNP & MSN-DNP FNP concentration	NRS 742 / 4	Primary Care Management of Infants, Children and Adolescents Practicum	150	150
	NRS 752 / 3	Primary Care Management of Women's Health Practicum	150	300
	NRS 756 / 1	Advanced Health Assessment Practicum	150	450
	NRS 764 / 2	Primary Care Management of Adults Practicum	150	600
	NRS 768 / 5	Evidence-based Family Nurse Practitioner Primary Care Management Practicum	225	825
	NRS 802 / Ongoing	Scholarly Project II	225	1050
BSN-DNP & MSN-DNP Leadership concentration	NRS 719	Nursing Leadership Practicum	variable	variable
	NRS 756 / 1	Advanced Health Assessment Practicum	150	150
	NRS 802 / Ongoing	Scholarly Project II	225	1050

Thank you, once again, for being willing to precept our students! We appreciate everything you do in preparing the students for their new role as advanced practice nurses!

Blessings,

Sara Kim, JD, DNP, FNP-BC
Chair, School of Nursing
Andrews University
269-471-3614

I. BSN AND MSN TO DNP (FNP Concentration)

SELECTION CRITERIA FOR PRACTICUM SITES

1. Student practicum sites should be in evidence-based primary care settings as this is a primary care nurse practitioner program. Students will be allowed to spend a few days in subspecialty areas. For instance, students may want to spend a few days in an endocrine clinic to learn more about evidence-based diabetic care.
2. Patient characteristics represent the appropriate population age and diversity.
3. Patient volume is adequate to provide sufficient numbers of patients for the student to learn skills to meet program goals and allow students to practice upon graduation.
4. Adequate resources available on-site:
 - a. Preceptor
 - i. Must be APRN (NP, CNM), MD or DO (must submit official documents to demonstrate credentials)
 - ii. PAs can precept in health assessment course. A PA may precept students in the role specialties of adult, pediatrics, and women's health for a total of 150 hours combined. PAs may not precept in the FNP EBP course using the full role of the NP ((NRS 768).
 - b. Medical record system
 - c. Current medical reference books, internet access, etc.
5. Students may not be placed on the unit where they are currently employed; however, they may be placed elsewhere within the parent organization.

PRACTICUM PRECEPTORS

1. Must be formally educated for professional practice as advanced practice nurse or medical doctor.
2. Must hold an unencumbered license in their state/country. The exception would be a federal practicum site which would accept an unencumbered license from any state.
3. Must be nationally board certified. The exception would be if it is not required in the state/country the preceptor is licensed to practice.
4. Must have a minimum of two years of experience in their field.

Online Program Authorization

Before applying, out-of-state students, or those who may relocate during the program, should contact their State Board of Nursing to confirm that Andrews University is authorized to offer distance education, including clinical practicum, in the student's state of residence. See andrews.edu/nursing/graduate webpage under "DNP general licensure disclosure" for a list of approved states.

International Students

Students who have a permanent address outside the US and Canada are not eligible to apply for the Family Nurse Practitioner concentration. They are eligible for the Nurse Educator track/ DNP Leadership track (see page 9 for those guidelines).

Identifying a Practicum Preceptor

Students are responsible to find their own practicum sites with an acceptable preceptor. The practicum site must have an agreement with Andrews University for practicum placement. Where there is no current agreement, the student is responsible to facilitate this agreement three months before the start of practicum.

Students cannot complete practicum without agency's current agreement with Andrews University.

Practicum Preceptor Responsibilities

1. Complete the practicum preceptor information form and CV prior to the first practicum experience. Student will submit to the program director for approval.
2. Provide a copy of the license and national certification, if applicable, to Andrews University DNP program director. Student will submit documents four weeks prior to the first practicum experience.
3. Discuss with student the preferred method of communication. Orient student to the facility and their policies.
4. Discuss with student the patient population for the site and most common diagnoses and procedures.
5. Discuss the expectations of patient encounters and documentation.
6. Communicate to Andrews University practicum faculty immediately about any issues of concern or unsafe practices.
7. Discuss course objectives and learning opportunities to enhance learning.
8. Direct student to resources for evidence-based reading.
9. Provide feedback to student for improvement of student's assessment, presentation and management skills.
10. Provide a variety of learning experiences with appropriate client populations.
11. Encourage participation in interdisciplinary team meetings.
12. Support student's autonomous assessment and evaluation and facilitate progression towards independence.
13. Complete midterm and final practicum evaluation and review with practicum faculty during required phone conference and/or email communication as well as with the student. The final grade will be awarded by the practicum faculty.
14. Preceptors will sign in to EXXAT at minimum every two weeks to review and approve practicum log.

ROLE OF STUDENT

Students will assume the learner role and not the primary responsibility for client care. Students' primary role is to acquire advanced practicum knowledge skills. Students are expected to initially see a minimum of 4–6 patients in an 8-hour day and progress to 8–10 patients per day by midterm of their second practicum course.

Patient numbers may vary based on the practicum site. Students are expected to see a variety of patient populations as well as ages. Students are also expected to complete and evaluate their personal EXXAT graphical chart detailing the demographics of patients they have seen at the mid-term and final evaluations. This will assist the student in assessing what further practicum experiences are needed. In addition, the students must have their preceptor validate the dates and hours the student attended the clinic on EXXAT as well as the daily practicum log sheet.

Please note: The practicum calendar is a contract between the student, preceptor and Andrews University faculty. The EXXAT logs are the student's practicum work. Editing, falsifying entries or adding hours may result in course failure and program dismissal. Please contact program director or lead faculty for questions or concerns.

Student Responsibilities

1. Ensure practicum affiliation agreement has been approved. Then the student may contact the approved practicum preceptor and determine the schedule for the practicum experience. This will include days of week and hours per day.
2. Ensure preceptor CV and preceptor/agency agreement form are completed and submitted prior to starting practicum hours, and develop a calendar. The calendar is a contract between the student, preceptor and practicum course faculty and should be completed by the second week of the course. It is required that practicum hours be completed consistently during the semester up to and including the last week of the semester, unless otherwise directed. There is to be no longer than two weeks between practicum dates.
3. Discuss practicum learning needs with preceptor.
4. Professional dress is expected to be in accordance with the site requirements—White lab coat (medium length) is required with Andrews University ID and Andrews University patch on the left upper sleeve.
5. Maintain professional behavior at all times.
6. Enter all patient encounter information in EXXAT within 72 hours of the practicum experience. If not entered within 72 hours, the clinic hours for that day will not count and will need to be repeated.
7. Demonstrate increasing competencies in assessments, presentation and management.
8. Incorporate evidence-based practice guidelines while functioning in the role of the nurse practitioner under supervision of the preceptor.
9. Use electronic medical record (if allowed by site) to record SOAP note documentation. Faculty reserves the right to request an example of student charting as a means to evaluate practicum progression.
10. Attend all scheduled practicum experiences. Be on time and prepared. Have all hours completed by the final day of the course.
11. Students are expected to complete all hours during the semester—see the DNP handbook guidelines related to the incomplete grade should this not be met.
12. If unable to attend a scheduled day, the student must notify the preceptor and schedule a make-up practicum day. This must be communicated to the practicum faculty via email.
13. Complete practicum site evaluations and preceptor evaluations at the end of the rotation and before the semester ends.
14. Student will assess their own EXXAT pie chart and evaluate their own learning needs in the practicum setting.
15. Provide the preceptor with a thank-you note.
16. Other responsibilities will be included in the practicum courses' syllabi.

ROLE OF FACULTY

Practicum Faculty Responsibilities

1. Complete at least three conferences that include the preceptor, student, and faculty regarding the student's performance and requirements of the specific practicum rotation. These can be conducted via phone, zoom, or email dependent on the student's state board of nursing requirements for how these are to be completed. These will be held at the beginning of the semester for orientation and to answer questions, and then again at mid-semester, end-of-semester and as needed. Document communication with practicum preceptor and provide documentation to the program director at the end of the course.
2. Assist student and preceptor in optimizing the practicum environment.
3. Review EXXAT log entries at least every two weeks during the semester and grade all submitted work (SOAP notes) in a timely manner, with feedback prior to the next expected assignment.

4. At midterm and final, review the EXXAT pie charts to ensure students are seeing a variety of ages and patients.
5. Communicate with students and preceptors as needed throughout the semester.
6. Upon completion of the course, provide the student grade, review the student's evaluation of the practicum preceptor and practicum site, and provide information to the program director.

STUDENT REQUIREMENTS FOR PRACTICUM

Students are required to have the following documents before registering for any practicum course. Once students have uploaded required documents to EXXAT, they are to notify the SON office for permission to register for the practicum course. Students should be aware all clinical agencies they attend will have access to all documents uploaded in CastleBranch.

1. Current RN license—Must have an unencumbered license in the state where you are doing practicum.
2. CPR—Students must maintain a current American Heart Association CPR card.
3. Physical Exam—The Andrews University SON physical examination form signed by a student's healthcare provider is required to be on file prior to beginning clinical courses.
4. Tuberculin Skin Test—Required one time prior to beginning clinical courses. Initial TST must be a 2-step TB test. The QuantiFeron-TB Gold blood test is an alternative option and is recommended for those who have received the BCG vaccine. (If diagnosis of active tuberculosis is made, clearance from the Public Health Department is required before admission or for continuation in the nursing program.)
5. Current immunization records
 - a. Hepatitis B Vaccine—The Hepatitis B vaccine or titers are required for all students.
 - b. MMR, Covid, Influenza (before Nov. 1 annually)—Influenza and Covid maybe be waived if the student provides either of the following:
 - i. Documentation from their healthcare provider that they should not to receive it due to medical reasons
 - ii. Documentation that the clinical agency does not require vaccination and a declination/waiver form signed by student
 - c. Tetanus/Tdap—Tetanus, diphtheria and acellular pertussis (Td/Tdap) vaccinations require one-time dose of Tdap to adults younger than age 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters.
 - d. Varicella—Evidence of immunity to varicella in adults includes any of the following:
 - i. Documentation of two doses of varicella vaccine at least four weeks apart.
 - ii. Laboratory confirmation of immunity through IgG antibody detections.
6. Professional Liability Insurance—FNP student professional liability insurance is strongly suggested prior to attending any practicum, although the University will provide some coverage.
7. Health Insurance—need to provide proof of AU student health insurance or private health insurance.
8. Urine drug screen—One time requirement completed prior to beginning clinical courses. Must be completed using approved lab as directed on EXXAT.
9. Criminal background check—required prior to the beginning of clinical courses.. Must be completed as directed on EXXAT. Needs to be repeated after a break in enrollment of more than one year.
10. Andrews University Photo ID and Andrews University patch for left sleeve of lab coat.

II. BSN AND MSN TO DNP (Leadership in Advanced Nursing Practice Concentration)

SELECTION CRITERIA FOR PRACTICUM SITES

1. The practicum site should be accredited by a recognized healthcare accrediting body to ensure it meets established standards of care and practice.
2. The site must offer substantial opportunities for students to engage in leadership and administrative roles. This includes exposure to executive decision-making processes, strategic planning, policy development, and quality improvement initiatives.
3. The site should provide a variety of experiences in different aspects of nursing leadership, such as human resources management, financial planning, operations management, interprofessional collaboration, or higher education.
4. Students may not be placed where they are currently employed, however they may be placed elsewhere within the parent organization.

PRACTICUM PRECEPTORS

1. A minimum of a Master's degree in nursing or a related field.
2. Must hold an unencumbered license in their state/country. The exception would be a federal practicum site which would accept an unencumbered license from any state.
3. Certification or specialization in nursing leadership, administration, education, or a relevant clinical area.
4. Must have a minimum of two years of experience in their field.

Online Program Authorization

Out-of-state students, or those who may relocate during the program, should contact their State Board of Nursing to confirm that Andrews University is authorized to offer distance education, including clinical practica, in the student's state of residence.

International Students

Students who have a permanent address outside the US and Canada are eligible for the Nurse Educator and/or DNP Leadership track if taken in the home country and resources for clinical practice and preceptors for their specialty role are available. Discuss this with the DNP program director or an advisor prior to admission.

Identifying a Practicum Preceptor

Students are responsible to find their own practicum sites with an acceptable preceptor. The practicum site must have an agreement with Andrews University for practicum placement. Where there is no current agreement, the student is responsible to facilitate this agreement three months before the start of practicum. Students cannot complete practicum without agency's current agreement with Andrews University.

Practicum Preceptor Responsibilities

1. Complete the practicum agency/preceptor agreement form and CV prior to the first practicum experience. Student will submit to the program director for approval.
2. Provide a copy of the license and national certification, if applicable, to Andrews University DNP program director. Student will submit prior to the first practicum experience.
3. Discuss with student the preferred method of communication. Orient student to the facility and their policies.

4. Discuss the expectations of the practicum experience.
5. Communicate to Andrews University practicum faculty immediately of any issues of concern or unsafe practice.
6. Discuss course objectives and learning opportunities to enhance learning.
7. Direct student to resources for evidence-based reading.
8. Provide feedback to student for improvement of student's attainment of role competencies.
9. Provide a variety of learning experiences to fulfill Advanced-Level AACN Essentials.
10. Encourage participation in interdisciplinary team, administrative and leadership meetings.
11. Support student's autonomous assessment and evaluation and facilitate progression towards independence.
12. Complete mid-term and final practicum evaluation and review with practicum faculty during required phone conference and/or email communication as well as with the student. The final grade will be awarded by the practicum faculty.
13. Preceptors will sign in to EXXAT to review and approve practicum logs.

ROLE OF STUDENT

Students are expected to complete their practicum hours in the appropriate practicum setting. Students are also expected to document their practicum hours in EXXAT. In addition, the students must have their preceptor validate the dates and hours the student attended the practicum in EXXAT. Other relevant documents for practicum are available in the practicum syllabus.

Please note: The practicum calendar is a contract between the student, preceptor and Andrews University faculty. The EXXAT logs are the student's practicum work. Editing, falsifying entries or adding hours may result in course failure and program dismissal. Please contact program director or lead faculty for questions or concerns.

Student Responsibilities

1. Ensure practicum affiliation agreement has been approved. Then the student may contact the approved practicum preceptor and determine the schedule for the experience. This will include days of week and hours per day.
2. Ensure preceptor CV and agency/preceptor agreement form are completed and submitted prior to starting practicum hours, and develop a calendar. The calendar should be completed by the second week of the course. It is required that practicum hours be completed consistently during the semester up to and including the last week of the semester, unless otherwise directed. There is to be no longer than two weeks between practicum dates.
3. Discuss practicum learning needs with preceptor.
4. Professional dress is expected to be in accordance with the site requirements. White lab coat (medium length) is required with Andrews University ID and Andrews University patch on the left upper sleeve.
5. Maintain professional behavior in the practicum setting at all times.
6. Enter log hours in EXXAT within 72 hours of the practicum experience. If not entered within 72 hours, the practicum hours for that day will not count and will need to be repeated.
7. Demonstrate increasing competencies in nursing leadership.
8. Incorporate evidence-based practice guidelines while functioning in the role of the nurse leader under supervision of the preceptor.
9. Attend all scheduled practicum experiences. Be on time and prepared. Have all hours completed by the final day of the course.

10. Students are expected to complete all clinical hours within the semester. Please see the DNP Handbook for guidelines regarding the incomplete grade should this not be met.
11. If unable to attend a scheduled day, the student must notify the preceptor and schedule a make-up practicum day. This must be communicated to the practicum faculty via email.
12. Complete practicum site evaluations and preceptor evaluations at the end of the rotation and before the semester ends.
13. Provide the preceptor with a thank-you note.

ROLE OF FACULTY

Practicum Faculty Responsibilities

1. Complete at least three phone conferences and/or email communications regarding students' performance and requirements of specific practicum rotation. This will be held at the beginning of the semester for orientation and to answer questions, and then again at mid-semester, end-of-semester and as needed. Document communication with practicum preceptor and provide documentation to the program director at the end of the course.
2. Assist student and preceptor in optimizing the practicum environment.
3. Review log entries as appropriate each week during the semester.
4. At midterm and final, review charts as appropriate to ensure students are meeting the Advanced-Level AACN Essentials
5. Communicate with students and preceptors as needed throughout the semester.
6. Upon completion of the course, provide the student grade, review the student's evaluation of the practicum preceptor and practicum site, and provide information to the program director.

STUDENT HEALTH REQUIREMENTS FOR PRACTICUM

(same as for FNP students, see page 8 for detailed listing).

APPENDICES



Students must have an annual health/physical exam while participating in clinical practicum courses with the SON.

History and Physical Clearance

A report, signed by the physician, physician’s assistant, or nurse practitioner, shall be provided to the nursing program. This report shall indicate that the students do not have health condition(s) that would create a hazard to themselves, employees, or patients, and that they can meet the essential duties of the program.

NOTE: Nursing students who have a condition (impairment) which could interfere with the performance of their essential duties should connect with the University Disability Services to determine what accommodations would be recommended in a clinical setting. The clinical coordinator will collaborate with the clinical facility to determine if accommodations are possible. Any student with a condition that could impact decision making or the physical ability to provide client/patient care, must discuss his/her condition with the program director for his/her program of study.

HEALTH/PHYSICAL EXAMINATION FORM		
Student Name: _____		
ID: _____	DOB: _____	Date of Entry into AU Nursing: _____
TO BE COMPLETED BY HEALTHCARE PROVIDER		
I have verified that the individual I have examined is the named individual on this form and find that this individual (please check all that apply):		
<input type="checkbox"/> _____ does not have any health conditions(s)/ communicable disease(s) that would create a hazard to themselves, employees, or patients <input type="checkbox"/> _____ is free of any mental or physical impairment that would prevent the student from meeting his/her essential duties		
*If needed, please indicate what accommodations would be reasonable in the clinical setting. The student is to follow-up with the University Disability Services regarding the following: _____ _____ _____		
Signature of Healthcare Provider (MD/DO/PA/NP): _____		
Printed name of Healthcare Provider (MD/DO/PA/NP): _____		
Provider ID Number (PTAN) : _____		
Phone Number: _____		
Date of Exam: _____		

UPLOAD THIS PAGE ONLY

Health/Physical Exam Requirements

Students must have an annual health/physical exam while participating in all Andrews University Programs. If you are not current with this requirement, you will not be allowed to attend your clinical course until you are in compliance. This may result in needing to take the course at another time, delaying progression in your program of study.

Procedure

1. Make an appointment with your healthcare provider for a health/physical exam
2. Give a copy of the Health/Physical Examination Form (pg 1-3) to your healthcare provider to complete.
 - a. Be sure your healthcare provider stamps the bottom of the form (pg 1) with his/her office stamp.
3. Give a copy of the Essential Duties to Meet Clinical Requirements form (pg 2-3) to your healthcare provider to use as the basis for the health/physical exam.
4. Upload completed Health/Physical Examination form (pg 1) and copies of Immunizations as instructed on pg 3
5. Make an appointment with Student Disability Services if there are any conditions that may interfere with performance of essential duties and to determine what accommodation would be reasonable in a clinical setting.
6. Save a copy of all documents for your personal files.

Essential Duties to Meet Clinical Requirements

To enter and complete the nursing program, students must be able to meet the emotional and physical requirements of the School of Nursing and the agencies in which students are placed for clinical. Students and faculty are to work with Student Disability Services determine what accommodations would be reasonable in a clinical setting to meet these requirements.

Emotional Requirements

The student must have sufficient psychological stability and emotional health to use intellectual abilities, exercise good judgement, complete responsibilities relating to the care of patients, and develop effective relationships with patients.

Physical Requirements

In order to participate in Andrews University's Nursing Program, students are required to travel to agencies and hospitals and to homes with unpredictable environments, Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements are necessary to participate in the clinical application courses in nursing:

1. **Strength:** Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.
2. **Mobility:** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around physically and adequately in confined spaces (patient rooms, bathrooms, treatment settings, around patient equipment, etc.).

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Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other nursing duties.

3. **Fine Motor Movements:** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write appropriate notations; to document in health record, to perform sterile procedures and other skilled procedures.
4. **Speech:** Ability to speak clearly in order to communicate with staff, physicians and patients; need to be understood on the telephone.
5. **Communication:** The applicant must be able to communicate with patients and members of the health care team with accuracy, clarity, and efficiency within rapidly changing health care settings. The applicant must also be able to give and/ or receive verbal directions about or to a patient or members of the health care team within rapidly changing health care settings. The applicant must be able to gather data from written documents, oral presentations, and observation of patients within a variety of settings.
6. **Vision:** Visualize patients in order to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvements or deterioration, etc.
7. **Hearing:** Hear and see patients, monitor signs and symptoms, hear alarms patient voices, call lights, assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.
8. **Touch:** Ability to palpate both superficially and deeply and to discriminate tactile sensations.

Required Immunization

Submit copies of an official immunization record or lab reports for the following immunizations (keep originals for your own files).

1. **Rubella (German Measles)**
- Documentation of 2 doses MMR 4 weeks apart OR a positive Rubella Titer
2. **Rubeola (Hard Measles)**
- Documentation of 2 doses MMR 4 weeks apart OR a positive Rubeola Titer
3. **Parotitis (Mumps)**
- Documentation of 2 doses MMR 4 weeks apart OR a positive Mumps Titer
4. **Varicella**
-Documentation of 2 doses of Varicella given 28 days apart OR a positive Varicella Titer
5. **Diphtheria/Tetanus/ Pertussis (Tdap)**
- Documentation of a booster within the past 10 years.
6. **Hepatitis B**
-Documentation of a 3 dose Hepatitis B series at 0-1-6 months interval OR a positive Hepatitis B surface antibody titer
7. **Tuberculin Test (QuantIFERON Gold blood test)**
- Documentation of a Negative blood test
8. **Annually*-Influenza Vaccination (flu shot)**
-Documentation of an annual influenza vaccination (due October 15th of each year).
9. **COVID 19 Vaccine, 2 doses**



A. PRECEPTOR CURRICULUM VITAE

Name:

Mailing Address:

Work Phone & Fax:

Email:

I. HIGHER EDUCATION

From	To	Degree and Date	Institution	Field/Specialty
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. CERTIFICATION AND LICENSURE

Date	Expiration Date	Agency/State RN license was issued from
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_____	_____	_____
_____	_____	_____
_____	_____	_____

III. APPOINTMENTS/DATES

From	To	Title	Status	Institution and Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. PROFESSIONAL PRACTICE

From	To	Title	Status	Institution and Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. PROFESSIONAL AND SCIENTIFIC MEMBERSHIPS

Dates of	Organization Membership	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. ACADEMIC AND PROFESSIONAL HONORS

Date	Honor	Conferring Organization/Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. MOST RECENT PUBLICATIONS & CONTINUING EDUCATION

Please circle the appropriate answer to the two questions below.

- 1) How many years have you been in practicum/nursing education practice (as an NP/MD/DO/CNM/PA)?
 - a) >15 years
 - b) 11–15 years
 - c) 6–10 years
 - d) 3–5 years
 - e) 0–2 years

- 2) How many years have you preceptored students (e.g. NP, MD)?
 - a) >10 years
 - b) 5–9 years
 - c) 1–4 years
 - d) < 1 year
 - e) 0

Preceptor's Signature

Date



Agency/ Preceptor Contract Letter of Agreement

The student is responsible for making copies of this agreement and agreed practicum schedule, and providing copies of the documents to both the preceptor and the course faculty.

NRSG

Dear Preceptor,

The Andrews University School of Nursing appreciates your willingness to assist in the learning of _____, as a Doctor of Nursing Practice (DNP) student for _____ hours per week. This contract is to formalize the verbal agreement made with you by the above student. Please read the following and sign that you are willing to accept this responsibility. One copy is for you to keep, one is for the student, and the other copy will be returned to me by the student. As the course instructor, I will arrange contact with you and answer any additional questions you may have. We welcome any questions, feedback or concerns you may wish to bring to our attention during this student's experience.

Andrews University agrees to ensure that:

1. The student is a registered nurse with a current license to practice.
2. The student has current certification in CPR.
3. The student meets current health requirements for tuberculin testing, rubella and hepatitis B immunity.
4. The student is covered by professional liability insurance.
5. Practicum course is monitored by Andrews University faculty member.

The student agrees to:

1. Communicate with preceptor his/her personal learning objectives based on student learning outcomes and course objectives.
2. Fulfill all obligations as arranged with the agency and/or preceptor.
3. Demonstrate initiative, responsibility, accountability and honesty throughout the practicum experience.
4. Carry out activities with adequate speed and autonomy in order to avoid requiring excessive time and effort on the part of the preceptor.
5. Maintain professional confidentiality regarding all concerns of patients as well as of the agency.

The preceptor is expected to:

1. Be willing to serve as a preceptor.
2. Complete a written evaluation of the student's progress and competence.
3. Allow the student to gain experience in varied aspects of the Doctor of Nursing Practice (DNP) role. (Course objectives are attached.)
4. Communicate any problems to the faculty instructor or chair of the School of Nursing.
5. The preceptor acknowledges that this is an evidence-based practice site.

Preceptor Printed Name *Preceptor Work Address*

Preceptor Email Address

Preceptor's work phone number *Preceptor Cell Phone Number* *Credential*

Preceptor's preferred email for Andrews University contact

Clinical agency name and address

Clinical agency contact and phone (if other than preceptor)

Total # hours planned with student *Preceptor Signature* *Date*

Andrews University Faculty Name *AU Faculty Signature* *Date*

Student Printed Name *Student Signature* *Date*

of Years Preceptor has been in practice



CLINICAL EDUCATION AGREEMENT

THIS AGREEMENT, made and entered into the _____ day of _____ by and between Andrews University, a Michigan nonprofit educational corporation of Berrien Springs, Michigan, hereinafter referred to as the "University", and

_____, of
(Facility Name)

(Facility Address) Herein after

referred to as the "Agency," Witnesseth:

WHEREAS, the University is conducting the Doctor of Nursing Practice (DNP) educational program in Berrien Springs, Michigan, requiring clinical education facilities for the purpose of providing clinical experience to its students, and

WHEREAS, the Facility recognizes the need for and desires to aid in the education of health care professionals, and is willing to make its facilities available to the University's nurse educator students for such purposes.

NOW THEREFORE, in consideration of the mutual covenants continued herein, the parties hereto agree as follows:

I. THE FACILITY AND THE UNIVERSITY MUTUALLY AGREE:

1. To established in advance the number of students who will participate in the clinical education program and the length of the respective clinical experiences.
2. To appoint the appropriate representative to be responsible for the clinical education program. The University shall appoint a clinical coordinator and the Facility shall appoint a clinical supervisor. These individuals shall be called Academic Coordinator of Clinical Education ("A.C.C.E.") and Center Coordinator of Clinical Education ("C.C.C.E.") respectively. Each party will supply the other party with the name of this person along with the person's professional and academic credentials for approval by the other party. Each party shall notify the other in writing of any change of the person appointed.
3. That each student assigned as a clinical affiliate complies with the policies and procedures of the Facility, including policies on confidentiality of patient information. The Facility reserves the right to refuse access to and/or remove from its clinical areas any student who does not meet the Facility's standards and policies. No action will be taken until the grievance against the student has been discussed with the A.C.C.E., unless the student's behavior poses an immediate threat to the effective delivery of health care services to patients of the Facility.
4. To remain responsible for the acts of their respective employees and agents.
5. To notify the other party if one party becomes aware of a claim asserted by any

person which arises out of or appears to arise out of this agreement or any activity carried out under this agreement.

6. That the Facility maintains administrative and professional supervision of students of the University insofar as their presence effects the operation of Facility and the direct or indirect care of the Facility's patients.
7. That University students and faculty are not the agents, representatives or employees of the Facility and will not represent themselves as such.
8. That the parties will not discriminate on the basis of race, color, creed, ethnic background, country of origin, age, sex, height, weight, physical handicap, marital status, political or gender preference, or past military service regarding the educational or clinical experience of the student.
9. The University agrees to indemnify and save harmless the Facility and its agents and employees from any liability or damages the Facility may suffer as a result of claims, costs, or judgements, including reasonable attorney's fees, against it arising out of acts or omissions of the University in the operation of the clinical education program covered by this agreement, to the extent allowed by Michigan law. The Facility agrees to indemnify and save harmless the University and its agents and employees from any liability or damages the University may suffer as result of claims, costs, or judgments, including reasonable attorneys fees, against it arising out of acts or omissions of the Facility in the operation of the clinical education program covered by this agreement. The Facility agrees to give the University notice in writing within thirty (30) days of any claim made against it on the obligations covered hereby.
10. That the University will develop letter agreements, as necessary, with the Facility to formalize operational details of the clinical education program. These letter agreements shall be approved with the same formalities as this agreement.
11. That the Facility shall remain responsible for the patient.
12. That each party shall carry professional liability or self-insurance with minimum limits of liability of \$1 million/\$3 million for suits and claims that may be asserted for any professional liability claim arising out of any service rendered pursuant to this agreement. Each party shall, upon request, furnish the other party with evidence of such coverage.
13. That students will be responsible for all personal expenses including meals, lodging, and transportation unless provided by the Facility.
14. Modification of any term or provision of this agreement will not be effective unless in writing with the same formality as this agreement. The failure of either party to insist upon strict performance of any of the provisions of this agreement shall constitute waiver of that provision only and not the entire agreement.

II. RESPONSIBILITIES OF THE FACILITY

In addition to other provisions in this agreement, the Facility specifically agrees as follows:

1. To provide clinical education learning experiences which are planned, organized, and administered by qualified staff in accordance with mutually

agreed upon educational objectives and guidelines.

2. To prepare written objectives or guidelines for structuring the clinical education program. A copy of these objectives or guidelines will be available for review by the A.C.C.E.
3. To permit, upon reasonable request, the University or its accrediting agency to inspect the Facility and its services and records which pertain to the clinical education program.
4. To provide or otherwise arrange for emergency medical care for students at the student's expense.
5. To provide reasonable classroom, conference, storage, dressing, and locker room space for students.
6. To evaluate the student(s) according to the guidelines provided by the University and to utilize the evaluation standards and forms furnished by the University.
7. To accept the University's student clinical attire guidelines and to inform the University of the Facility's standards and policies regarding dress and appearance.

III. RESPONSIBILITIES OF THE UNIVERSITY

In addition to other provisions in this agreement, the University specifically agrees as follows:

1. To assign to the Facility only those students who have satisfactorily completed the prerequisite portions of the curriculum.
2. To direct the students to comply with the rules and regulations of the Facility.
3. To provide assurance to the Facility that each student accepted for the clinical education program will have had a physical examination within the last year. This examination will include a Tuberculum test and immunizations for MMR, tetanus, and Hepatitis B (or a signed waiver). The Facility reserves the right to restrict the clinical activity of students who evidence symptoms of communicable infections.
4. To provide evidence of professional liability insurance coverage for all of its students, employees, and agents in the facility in connection with the clinical education program of the University's students.
5. To assure and provide evidence that the student(s) possess health insurance either through the University or an individual policy.
6. To assure that students hold correct C.P.R. certification.

IV. TERM AND TERMINATION

This agreement will be effective as of the date signed by both parties and will continue in effect until terminated by either party. Either party may terminate the agreement upon ninety (90) days written notice to the other party. The notice required by this clause shall be sent by certified or registered mail.

If the termination date occurs while a student of the University has not completed his or her clinical learning experience at the Facility, the student shall be permitted to complete the scheduled clinical learning experience, and the University and the Facility shall cooperate to accomplish this goal.

IN WITNESS WHEREOF, the parties have executed this agreement and warrant that they are officially authorized to so execute for their respective parties to this agreement.

THE FACILITY

Signature

Name: _____

Title: _____

Date: _____

THE UNIVERSITY

ANDREWS UNIVERSITY

Signature

Name: _____

Title: _____

Date: _____

Signature

Name: _____

Title: _____

Date: _____

Appendix E



NP Student Clinical Evaluation (NRSG 756 Health Assessment only)

Student's Name: _____ # of Hours Completed: _____

Preceptor's Name: _____ Agency: _____

	CONSIDERABLE Guidance Needed = 1	MODERATE Guidance Needed = 2	Fairly CONSISTENT in Meeting Competency = 3	CONSISTENT Self-Directed Meeting Competency = 4
Quest Towards Independent Practice (each item in this section meets NONPF 9)				
1. Uses advanced health assessment skills to differentiate between normal, variations of normal, and abnormal findings. (NONPF 9)				
2. Appropriately assesses patients for learning needs and provides individualized care for positive behavioral change. (NONPF 5)				
3. Employs screenings as a part of health promotion and disease prevention aspects of the comprehensive health assessment. (NONPF 9)				
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making. (NONPF 9)				
5. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration, confidentiality, privacy, comfort, and emotional support. (NONPF 9)				
6. Incorporates the patient's cultural and spiritual preferences , values, and beliefs into health care. (NONPF 9)				
7. Communicates practice knowledge effectively both orally and in writing. (NONPF 2)				

8. Integrates appropriate technologies and information literacy skills for knowledge management to improve health care. (NONPF 5)					
9. Contributes to information systems that promote safe, effective care with the ability to capture data on variables for evaluation of that care. (NONPF 5)					
10. 14. Demonstrates the highest level of accountability for professional practice . (NONPF 9)					
Uses Scientific Basis for Planning and Improving Care					
11. Integrates knowledge from humanities and sciences within nursing practice. (NONPF 1, 4)					
12. Critically analyzes data and evidence as part of the comprehensive health assessment . (NONPF 1, 2,4)					
Seek to Improve Health Care Quality					
13. Minimizes risk to patient and providers at the individual and systems level . (NONPF 7)					
Student Strengths:					
Student Areas for Development / Improvement:					

Preceptor's Signature / Date: _____

Student's Signature / Date: _____

Appendix F

DNP Student Practicum Evaluation Tool

(FNP Focus)

Student's Name: _____ # of Hours Completed: _____ Course # & Title: NRS _____:

Preceptor's Name: _____ Agency: _____

QUEST TOWARDS INDEPENDENT PRACTICE (each item in this section meets NONPF 9)	CONSIDERABLE Guidance Needed=1	MODERATE Guidance Needed=2	FAIRLY CONSISTENT in Meeting Competency=3	CONSISTENT/Self-Directed Meeting Competency =4
1. Demonstrates increased independence in NP role managing acute and chronic disease states with evidenced-based plan of care and appropriate follow up. (NONPF 9)				
2. Uses advanced health assessment skills to differentiate between normal, variations of normal, and abnormal findings. (NONPF 9)				
3. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care. (NONPF 9)				
4. Appropriately assesses patients for learning needs and provides individualized care for positive behavioral change. (NONPF 5)				
5. Prescribes medications within the scope of practice. (NONPF 9)				
6. Employs screening and diagnostic strategies in the development of diagnoses. (NONPF 9)				
7. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making. (NONPF 9)				
8. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration, confidentiality, privacy, comfort, and emotional support. (NONPF 9)				
9. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. (NONPF 9)				
10. Anticipates variations in practice and implements interventions to ensure quality.(NONPF 3)				
11. Communicates practice knowledge effectively both orally and in writing.(NONPF 2)				
12. Integrates appropriate technologies and information literacy skills for knowledge management to improve health care.(NONPF 5)				
13. Contributes to information systems that promote safe, effective care with the ability to capture data on variables for evaluation of that care. (NONPF 5)				
14. Demonstrates the highest level of accountability for professional practice(NONPF 9)				

Uses Scientific Basis for Planning and Improving Care					
15.	Integrates knowledge from humanities and sciences within nursing practice (NONPF 1, 4)				
16.	Critically analyzes data and evidence for continual improvement of practice (NONPF 1, 2,4)				
17.	Translates research and knowledge to improve practice processes/outcomes and innovate change. (NONPF 1, 2, 3, 4)				
18.	Leads change through practice inquiry and analyzing clinical guidelines for individualized applications (NONPF 2, 4)				
19.	Demonstrates leadership that uses critical and reflective thinking, as well as clinical investigative skills (NONPF 1, 2, 4).				
Seek to Improve Health Care Quality					
20.	Minimizes risk to patient and providers at the individual and systems level. (NONPF 7)				
21.	Effects health care change using skills such as negotiating, consensus-building, partnering, and coaching. (NONPF 5, 7)				
22.	Disseminates evidence from inquiry to diverse audiences using multiple modalities. (NONPF 4)				
23.	Evaluates how access, quality, costs, systems of health, and policy influence health care (NONPF 3)				
24.	Has knowledge of organization structure, functions, and resources to improve delivery of care. (NONPF 7)				
25.	Fosters collaboration with interdisciplinary team and stakeholders (patient, community, health system, policy) to advocated for ethically-sound improvements health care (NONPF 2, 7, 8)				
26.	Demonstrates an understanding of relationship between policy and practice and can verbalize the APN role in developing health care policy, advocating for safe, ethical practice that promotes access, equality, quality, and cost effective use of services. (NONPF 6,8)				
					Total max=104

Student Areas for Development / Improvement:

Student Strengths:

Preceptor's Signature / Date: _____

Student's Signature / Date: _____

Percent Needed to Pass (and receive 100% of score) in each clinical course: (for reference only)

Rubric for DNP Clinical Grading of Clinical Evaluation Tool (based on NONPF competencies) See current DNP preceptor or Graduate student handbook for this form.					
Scoring: 1 pt. = Considerable Guidance needed 2 pt.= Moderate Guidance needed 3 pt.=Fairly Consistent in meeting competency goals 4 pt.=Consistent & Self-directed in meeting competency goals					
NONPF Competencies	FNP Practicum scores=	Adults NRSG764	Women/OB NRSG752	Pediatric NRSG742	FNP NRSG768
Quest towards Independent Practice (14 items on tool)	56 points max				
Scientific Bases for Planning and Improving Care (5 items on tool)	20 points max				
Seeks to Improve Health Care Quality (7 items on tool)	28 points max				
Total items= 26	Total Max points = 104	(ELA 75% of max total points=78/104)	(ELA 80% of max total points= 83/104)	(ELA 80% of max total points= 83/104)	(ELA 83% of max total points=86/104)
Student score (must complete 100% of required clinical hours AND achieve or exceed ELA to pass Practicum portion at 100%)					

Leadership in Advanced Nursing Practice Concentration
 Practicum Evaluation Tool

Student Name _____ Date _____

Site _____

Preceptor Name/Credential _____

Rating Scale:

- **5 - Excellent: Exemplary performance, exceeds expectations consistently**
- **4 - Very Good: Consistently meets and occasionally exceeds expectations**
- **3 - Good: Meets expectations consistently**
- **2 - Fair: Meets expectations occasionally, needs improvement**
- **1 - Poor: Does not meet expectations**

AACN Essential	Criteria	Description	Score (1-5)
I. Knowledge for Nursing Practice	Integration of Scientific Knowledge	Demonstrates comprehensive understanding and application of scientific principles in nursing practice.	
II. Person-Centered Care	Patient-Centered Care	Advocates for fair and equitable care, addressing disparities and ensuring that all patients receive high-quality care regardless of their background.	
III. Population Health	Population Health	Applies principles of population health to improve community and public health outcomes.	
IV. Scholarship for Nursing Practice	Evidence-Based Practice	Utilizes evidence-based practice to develop, implement, and evaluate care protocols and guidelines.	
	Data Analysis	Analyzes and interprets data to make informed decisions and improve practice.	
V. Quality and Safety	Quality Improvement	Engages in quality improvement initiatives to enhance patient care and healthcare systems.	
	Safety Practices	Implements and advocates for safety practices to prevent errors and harm.	
VI. Interprofessional Partnerships	Team Collaboration	Effectively collaborates with interprofessional teams to enhance patient and population health outcomes.	
	Communication Skills	Demonstrates strong communication skills in interprofessional settings.	

VII. Systems-Based Practice	Systems Thinking	Applies systems thinking to manage complex healthcare delivery systems and improve quality of care.	
	Healthcare Policy	Participates in policy development and advocacy activities that influence healthcare at various levels.	
VIII. Informatics and Healthcare Technologies	Health Information Technology	Proficient in using health information technology to enhance patient care and improve health outcomes.	
	Data Management	Demonstrates effective data management and analysis skills to support clinical decision-making.	
IX. Professionalism	Ethical Practice	Upholds high ethical standards and fosters a culture of professionalism and integrity.	
	Professional Development	Engages in ongoing professional development and lifelong learning.	
X. Personal, Professional, and Leadership Development	Leadership Skills	Exhibits strong leadership skills in managing healthcare teams and influencing healthcare policy.	
	Reflective Practice	Engages in reflective practice to continuously improve personal and professional performance.	
Overall Evaluation	Comments		
Strengths			
Areas for Improvement			
Recommendations			
Preceptor Signature:		Date:	

Appendix H



DNP Student Evaluation of Practicum Site

Student Name: _____

Date: _____

Agency/Site: _____

Semester: _____

Please respond to each statement using the following scale:

The practicum site provides:	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	n/a 0
1. Receptivity to accepting students						
2. Adequate orientation to the practicum site						
3. Provided opportunity to meet student learning outcomes and program outcomes						
4. Established an environment conducive to dialogue, discussion and expression of diverse points of view.						
5. Organization and planning that facilitate an excellent learning						
6. Supportive and receptive staff/faculty						
7. Appropriate resources for learning experience						
8. Provided appropriate practicum supervision						

9. Clean, well-organized and evidence-based environment.						
10. Fostered open and honest communication so that a feeling of trust developed between preceptor and student.						
11. Excellent role models of professionalism by staff/faculty.						
12. Grant access to institution's students/staff information to meet student learning outcomes						
13. I would recommend this practicum site for future practicum						

Comment:

Thank you for taking the survey. Your feedback is extremely valuable to our program.

DNP Student Evaluation of Preceptor

Student Name: _____ Date _____

Preceptor Name: _____ Semester: _____

Site: _____ Course: _____

Please respond to each statement using the following scale:

The Preceptor:	1 Not Applicable	2 Strongly Disagree	3 Disagree	4 Agree	5 Strongly Agree
1. Provided appropriate preparation and orientation to practicum site and completed and signed the Preceptor Orientation Form, providing written time schedule of practicum hours					
2. Showed excellent teamwork skills by including student in patient care at an appropriate pace					
3. Supervised student/client contacts directly or through consultation.					
4. Promoted student access to patient practicum records					
5. Discussed with student patient assessment, diagnosis and plan of care					
6. Provided formative and summative feedback in student's evaluation of practicum performance by giving suggestions for improvement					
7. Provided appropriate guidance for student learning experience					
8. Has knowledge in his/her area of expertise in advanced practice role					
9. Consulted with nursing faculty during site visit to assure student progress					
10. Completed the midterm and final 11. evaluation in a timely manner					
12. I recommend this preceptor for future practicum learning experiences.					

Comments: _____

Thank you for taking the survey. Your feedback is extremely valuable to our program.

Appendix I

<p>Form W-9 (Rev. December 2014) School of the Treasury Internal Revenue Service</p>	<h3 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h3>	<p>Give Form to the requester. Do not send to the IRS.</p>
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Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company Enter the tax classification (C=C corporation S=S corporation P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I	Taxpayer Identification Number (TIN)																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																				
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-size: 8px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="10" style="text-align: center;">OR</td> </tr> <tr> <td colspan="10" style="text-align: center; font-size: 8px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	Social security number																				OR										Employer identification number																			
Social security number																																																				
OR																																																				
Employer identification number																																																				

Part II	Certification	
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and		
3. I am a U.S. citizen or other U.S. person (defined below); and		
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.		

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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<h3>General Instructions</h3> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.</p> <h3>Purpose of Form</h3> <p>An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Form 1099-INT (interest earned or paid) • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) 	<ul style="list-style-type: none"> • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p><i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.</i></p> <p>By signing the filled-out form, you:</p> <ol style="list-style-type: none"> 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.
---	---



PRECEPTOR ORIENTATION

Preceptor Name _____ **Orientation Start Date:** _____

Class Name and Number _____

Student Name _____

Group	Item	Responsible Party	Date Completed	Sign off
<u>Basics</u>	Welcome	Course Instructor		
	Review of organizational chart and job description	Course Instructor		
	Provide current nursing license and APRN license, certifications, etc.	Course Instructor		
	W9 form to get paid	Course Instructor		
	Preceptor Handbook	Course Instructor		
	Zoom meetings	Course Instructor		
<u>Teaching</u>	Distance Learning	Course Instructor		
	Method for course evaluation	Course Instructor		
	Student Evaluation	Course Instructor		
	Typhon	Course Instructor		

Preceptor Signature _____ **Date** _____

Course Instructor Signature _____ **Date** _____

Preceptor Handbook: 2025–2026

As an Andrews University nursing student, I understand that I must follow the procedures and policies that are included in this handbook, as well as the Andrews University bulletin. I have given a copy of the preceptor handbook to my preceptor.

I acknowledge that I am responsible for this material.

Student's Name *(please print)* _____

Student's Signature _____

Date: _____

This page is the property of the Andrews University School of Nursing, and shall remain in the School files online.



School of Nursing

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