

Certification Renewal Category 5: Preceptorship Documentation

Please do NOT submit this page with your renewal application. Keep this form with your records in case of audit.

INSTRUCTIONS

Category 5 Preceptorship: Complete a minimum of 120 hours of direct clinical supervision of nursing students in your certification specialty. CNSs and NPs must precept advanced practice nurses (CNS or NP) to fulfill this category. Keep this form with your records. You will need to submit it if you are selected for audit.

Section 1 Candidate Information: (Completed by the candidate)

Social Security Number	Last Name	First Name	MI
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Certification Specialty

Section 2: (Completed by faculty coordinating the preceptorship)

1. The individual named above has completed _____ hours of preceptorship for

Name of the educational institution and program (e.g., University of xxx, School of Nursing)

2. The dates for the preceptorship were _____ to _____

3. This preceptorship was conducted with students in a

- | | |
|---|--|
| <input type="checkbox"/> Clinical Nurse Specialist program | <input type="checkbox"/> Undergraduate nursing program |
| <input type="checkbox"/> Nurse Practitioner program | <input type="checkbox"/> Baccalaureate nursing program |
| <input type="checkbox"/> Other graduate nursing program (specify) _____ | |

4. The specialty area or focus of this preceptorship was _____

5. The preceptorship was held in _____
Name of the hospital/institution/facility

Faculty coordinator name, credentials, and title (please print)

Educational institution

Program name

Institution address

Telephone number

Faculty signature	Date
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I hereby attest that the information provided on this form is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in denial of certification or other adverse action.

Note: Please return this form to the candidate.