

Preceptor Information Form (PIF)

Please fill out all fields as completely as possible. Missing information can delay placement.

Section I- Student Information:

VU Net ID:	OMTA or MTA:	Student's Specialty:		
Student's First Name:	Student's Last Name:			
Preferred Name:	Student Vanderbilt Email:			
Course #:	Year:	Semester:	Clinical Dates From:	to:
<i>(Provide both beginning and end dates)</i>				
Number of hours to be completed at Clinical Site:				
Do you plan on being at this clinical site for more than one semester? If so, please list the tentative course, semester and hours:				
Have you ever been employed by this Clinical Site/ any of its affiliates? (Yes or No)				
If Yes, which department(s)/location(s)?				
If Yes, are you still currently employed? (Yes or No)				

Section II- Clinical Site Information for Clinical Affiliation Agreement (Contract):

Is this Clinical Site a Privately Owned Practice, Hospital, Large Agency, Other:	If Other, please list:			
Check this box if your Clinical Site will ONLY assign a preceptor after a contract is established:				
Please note that if you check this box you will only be asked for the clinical site information Fields in the "Preceptor's Group Information", and the "Preceptor's Information" sections will not be required.				
Name of Clinical Site:				
Street Address:				
City:	State:	Zip:	Phone:	Fax:
Website:				
Site Contact Name for a Contract: <i>(Usually a Manager, not the preceptor)</i>	Site Contact Title: <i>(i.e. Office Mgr)</i>			
Site Contact Email:	Site Contact Phone:			

Section III-Preceptor's Information:

Note to student: Fill this section out for your main preceptor who will be in charge of your evaluation and communication with your faculty member. You may list additional possible preceptors in the Additional Notes box.

Preceptor's First Name:	Preceptor's Last Name:		
Preceptor's Credentials: (i.e. MD, FNP, CNM)	Preceptor's Specialty:		
Preceptor's Department at Clinical Facility:			
Address Preceptor prefers mail be sent: (Clinical Site or Other)			
If Other, list address:	City:	State:	Zip:
Preceptor's Email:	Preceptor's Phone:		
Preceptor License Number:	License Expiration Date:		
State of License:	Year Initially Licensed:		
Graduate Of:	Degree Held:		
Certifying Board:	Certified In:		
Types of Patients Seen:			
Days and times Preceptor works in clinical:			
Has Preceptor trained Vanderbilt University School of Nursing students before? (Yes or No)			

PLEASE COLLECT YOUR PRECEPTOR'S LICENSE AND CV (RESUME).

For NP License information: www.healthguideusa.org/state_nursing_boards.htm

For MDs/DOs/PA License Information: www.healthguideusa.org/state_medical_boards.htm

Section IV- Additional Notes to share with Faculty or Clinical Placement Team:

Section V- Preceptor's Group Information:

**** (For Preceptors who are credentialed medical staff or contracted to facility by an outside group)**

****Many Preceptors are not employed by the hospital or facility where they are providing services and are employed by an outside medical group, private practice, or are individually contracted (carry their own professional liability insurance) to provide services at the hospital or facility at which you are requesting training.**

If your Preceptor is not employed by the hospital or facility where you will be in clinical, we will need a contract with the Preceptor's medical group. Please ask your Preceptor for their medical group's information. (This is usually applicable to AG-ACNP, ENP, PNP-AC, PMHNP, and NNP students)

If your preceptor is an individually contracted provider, and carries their own professional liability insurance fill this section out with the Preceptor's information.

Preceptor's Group Name:									
Street Address:									
City:		State:		Zip:		Phone:		Fax:	
Website:									
Group Site Contact Name:					Group Contact Title:				
<i>(Usually a Manager)</i>					<i>(i.e. Office Mgr)</i>				
Group Contact Email:					Group Contact Phone:				

Section VI- For Faculty Use Only

Criteria for Preceptor:

1. Have at least one year of experience in role (NP, MD, etc) and at least one year of experience at current site?
2. Have a Master's degree or higher?
3. Seeing patients in a setting consistent with the student's scope?
4. Maintaining a patient volume which supports student learning?

Will Student need a supplemental placement: (Yes or No)

If Yes, list why and how many hours:

Additional Notes to share with Faculty or Clinical Placement Team:

I have reviewed the clinical orientation with:									
I approve this Clinical Site: (Enter Initials)					On: (Enter Date)				
Academic Year:									