

## Grantham University School of Nursing: Preceptor Verification

A Grantham University nursing student has requested that you be a preceptor for their practicum experience. We very much appreciate your willingness to serve in this capacity. The student should share with you the *Grantham University School of Nursing MSN Practicum Manual* which includes course descriptions, objectives, learning goals, and descriptions of the practicum.

This information is designed to provide you with an overview of your scope of responsibility, the types of experiences that might be needed, and the projected outcomes. Your credentials, experience, and qualifications to fulfill the role of preceptor will be reviewed by the Dean and/or Chair of the School of Nursing to ensure that your education and experience are consistent with the student's learning needs and Grantham University's program requirements.

We are asking that you please read through this document and electronically sign or print at the bottom of the page. This document is part of the student's course work and completion is required.

Students may complete the practicum experience at their workplace. However, the experiences must be:

- In a different setting than the student's usual work setting(s).
- Completed outside of the student's normal working hours.
- Under the direction of a preceptor who is not the student's immediate supervisor.

### Your Preceptor Role

In accepting this responsibility the preceptor will guide, direct, and support the student so as to facilitate the achievement of practicum and degree objectives. The student will spend time with the preceptor, who allows for role clarification and analysis as well as the application of skills and knowledge acquired during the program. At the completion of the practicum, the preceptor will be asked to submit an evaluation of the student's work and verify the completion of required practicum hours.

Prior to the initiation of the student's practicum experience, preceptors will provide a copy of their curriculum vitae and license as a part of the preceptor approval process. Students will submit all required documents to [nursing@grantham.edu](mailto:nursing@grantham.edu).

Thank you in advance for your willingness to contribute to the education of students in this program. Your contributions will help this student and the profession increase the number of nurses prepared at the master's level.

## Grantham University School of Nursing: Preceptor Agreement

By typing my name below and providing my e-mail address as an authentication, I am providing an electronic signature certifying that to the best of my knowledge the information provided by the student is correct and true and as the student's Preceptor, I am willing and able to meet all practicum criteria and requirements as stated above.

Grantham University manages the practicum application processes in a nearly paperless environment, which requires reliance on verifiable electronic signatures, as regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, his or her e-mail address, or any other identifying marker. An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. The Preceptor will also complete an identity verification process through the email identified above.

Printed Name: \_\_\_\_\_

Preceptor e-mail address (provides authentication for electronic signature):

\_\_\_\_\_

Date: \_\_\_\_\_

I certify that, to the best of my knowledge and belief, that all information provided is true, correct, complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C § 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine, imprisonment or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WITNESS my hand and official seal

\_\_\_\_\_  
Notary Signature

My commission expires on \_\_\_\_\_