Preceptor Information

Family Nurse Practitioner Sequence

You will be beginning your clinical preceptorships in the Family Nurse Practitioner sequence of the Master of Science in Nursing program during the spring semester. It is your responsibility to secure your own preceptors for the clinical experiences. You need to do this as soon as possible, since preceptors are often in high demand.

You will need to use the “Preceptor Agreement form” to notify the College of your plans for preceptorships in the clinical course sequence. Please make additional copies as needed. Note that this is a planning form which is used in the development of a contract between the preceptor and Mennonite College of Nursing at Illinois State University. This form is NOT the contract!!! Only when the signed contract has been returned by the preceptor can the student participate in clinical experiences with the preceptor.

The process to be followed is:
1. **Discuss your proposed preceptor and clinical site choices with the FNP Sequence Leader.**
2. A separate “Preceptor Agreement Form” is to be used to identify each preceptor for each of your clinical courses.
3. Obtain the signature of the preceptor indicating his/her willingness to serve as your preceptor.
4. Obtain the name and approval signature of the preceptor’s supervisor, if applicable.
5. Obtain the information from the preceptor or the office manager about the practice site, including the address, agency contact person to receive communications, phone numbers, and VERY IMPORTANTLY, the name of the person who can sign a contract for this preceptorship placement.
6. Obtain the correct name of the affiliating agency for the preceptorship.
7. Double check that all of the information is complete, legible, and has correct spelling.
8. Mail or return the completed form to:
   Mennonite College of Nursing
   Campus Box 5810
   Illinois State University
   Normal, IL 61790-5810
   Attention: Graduate Program Secretary
9. **Once the Secretary for the Graduate Program has verified a contract is in place for the clinical site and that the preceptor is acceptable, the Secretary will send an email to both the student and the FNP Sequence Leader.**
10. **STUDENTS MAY NOT ATTEND CLINICAL UNTIL THE ABOVE EMAIL HAS BEEN RECEIVED.**
11. Should you choose a clinical site with which the University does not have a contract, you need to be aware that obtaining the contract requires processing through the College, the University, and the clinical facility. **YOU MAY NOT PARTICIPATE IN ANY CLINICAL EXPERIENCE WITH THE PRECEPTOR UNTIL THE SIGNED CONTRACT IS RETURNED.**

It is best if you obtain all of your preceptors as soon as possible. Remember that it can take several months to establish a contract for preceptorships. The following are the absolute deadlines for submission of the forms.
Deadline for Submission of Preceptor Planning Forms

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>FNP I</td>
<td>Spring</td>
<td>October 15</td>
</tr>
<tr>
<td>FNP II</td>
<td>Summer</td>
<td>March 15</td>
</tr>
<tr>
<td>FNP III</td>
<td>Fall</td>
<td>May 15</td>
</tr>
<tr>
<td>FNP IV</td>
<td>Spring</td>
<td>October 15</td>
</tr>
</tbody>
</table>

Listed below are the types of preceptorships needed for each course.

<table>
<thead>
<tr>
<th>Course</th>
<th>Preceptorship</th>
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<tbody>
<tr>
<td>FNP I</td>
<td>Primarily family practice sites which include pediatric clientele, pediatric practices (primary emphasis of course is pediatrics with some beginning adult content)</td>
</tr>
<tr>
<td>FNP II</td>
<td>OB/GYN sites</td>
</tr>
<tr>
<td>FNP III</td>
<td>Family practice or internal medicine primary care sites, geriatric specialty sites (emphasis of course is adult/geriatric)</td>
</tr>
<tr>
<td>FNP IV</td>
<td>Family practice or internal medicine primary care sites (encompassing clients across the lifespan)</td>
</tr>
</tbody>
</table>

**Note:** You may need more than one preceptor during a course in order to obtain the experiences required in the course. For example, for FNP II, you may need one site for OB experiences and another for GYN experiences or you may be able to see both types of clients within a women’s health practice.

If you need assistance in locating a preceptor site, please feel free to contact your course instructors or the FNP Sequence Leader.

**Clinical Nurse Leader Sequence**
If you need assistance in locating a preceptor site, please feel free to contact your course instructors or the Graduate Program Coordinator.

**Nursing Systems Administration Sequence**
If you need assistance in locating a preceptor site, please feel free to contact your course instructors or the Graduate Program Coordinator.
**MENNONITE COLLEGE OF NURSING AT ILLINOIS STATE UNIVERSITY**  
**PRECEPTOR AGREEMENT FORM**

<table>
<thead>
<tr>
<th>Deadlines for Form Completion</th>
<th>Questions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester – Due May 15th</td>
<td>Clinical site/contract &amp; Preceptor information: (309) 438-2463</td>
</tr>
<tr>
<td>Spring Semester – Due October 15th</td>
<td>(Michelle Hopkins)</td>
</tr>
<tr>
<td>Summer Session – Due March 15th</td>
<td></td>
</tr>
<tr>
<td>Summer Extension Program – Due May 1st</td>
<td></td>
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</tbody>
</table>

Student Name _______________________________  Course Name & Number _________________________

Starting Date for Clinical Experience ________________  End Date for Clinical Experience__________

Preceptor Printed Name ______________________________________  Credentials ______________________

Preceptor Title/Position ___________________________  Email Address_______________________________

Practice Site: Name________________________  ___________________________________________________

Address ___________________________________________________ City________________________

State _____  Zip _______  Phone (work) _______________  Phone (home) _______________  Fax____________

Professional License: # ____________________________  State __________  Expiration Date______________

Total Number of Years Experience at Current Level of Licensure____________________________________

Board Certification: No Yes  If yes, Certifying Board_______________________________________________

Area(s) of certification_____________________________________________  Date Certified:______________

I agree to serve as a preceptor as noted above: __________________________________________________

(Signature)

Has the Preceptor previously precepted for Mennonite College of Nursing students?  Yes  No

If no, please complete this section. If yes, then this section may be left blank.

1. ______________________________________________________________________________

   Legal Name of Agency to Appear on Contract between MCN and Clinical Agency

2. ______________________________________________________________________________

   Name and Title of Contact Person for Contract between MCN and Clinical Agency

3. ______________________________________________________________________________

   Name and Title of Person Legally Authorized to Sign Contract for Clinical Agency (if different then #2 above)

4. ______________________________________________________________________________

   Phone Number and Clinical Agency of Person listed on Line #3 above (if different then #2 above)

5. ______________________________________________________________________________

   Name of Person to Whom the Clinical Agency Contract should be mailed (e.g., Office Manager, Administrative Assistant)

Mailing Address, City, State, Zip Code