

Preceptor Qualification Form

SECTION I: NAME, EDUCATION, LICENSURE AND EMPLOYMENT

Preceptor Name						Date			
Completed Pre-Licensure Nursing Education Program						Date of Graduation			
State of Licensure	State of Licensure Licen		sure Type (Check All that Apply)			License Number		Expiration Date	
		RN	LPN	I					
Nursing Employment of employment in nur									
on the resume or curi			inciuaea, in t	ne monu	i and yea	AI IVIIVI/IIIII	101111	iat, whether here of	
Employer Nam	ne	Location		Time Periods of Employment			in	Unit or Area of Practice	
					nursing practice only. (MM/YYYY – MM/YYYY Form			Fractice	
SECTION II: DEMON	ISTRATE	D COMPETE	NCE						
Describe your compe	tency in the	ne area of cli	nical practice	in which	you will b	e supervising	stud	lents. You may	
include any relevant s								-	

SECTION III: REQUIREMENTS OF RULE 4723-5, OAC:

Minimum qualifications for preceptors

Rule 4723-5-10(A)(5), OAC, specifies that a preceptor for **a RN nursing education program** shall have (a) Completion of an approved registered nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of the Administrative Code; (b) Experience in the practice of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) A baccalaureate degree in nursing is preferred; and (d) Current, valid licensure as a registered nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

Rule 4723-5-11(A)(5), OAC, specifies that a preceptor for a PN nursing education program shall have (a) Completion of an approved registered or practical nursing education program in a jurisdiction as defined in paragraph (R) of rule 4723-5-01 of administrative Code; (b) Experience in the practice of nursing as a registered nurse or as a licensed practical nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student; (c) Current, valid licensure as a registered nurse or as a licensed practical nurse in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs.

Supervision of students in a clinical setting

Rule 4723-5-20(F), OAC, specifies that the teaching assistant or preceptor providing supervision of a nursing student shall at least: (1) Have competence in the area of clinical practice in which the teaching assistant or preceptor is providing supervision to a student; (2) Design, at the direction of a faculty member the student's experience to achieve the stated objectives or outcomes of the nursing course in which the student is enrolled; (3) Clarify with the faculty member (a) The role of the teaching assistant or preceptor; (b) The responsibilities of the faculty member; (c) The course and clinical objectives or outcomes; (d) The clinical experience evaluation tool; and (4) Contribute to the evaluation of the student's performance by providing information to the faculty member and the student regarding the student's achievement of established objectives or outcomes.

Rule 4723-5-20(G), OAC, specifies that a preceptor shall provide supervision to no more than two nursing students at any one time, provided the circumstances are such that the preceptor can adequately supervise the practice of both students.

Program record requirements

Rule 4723-5-21(E), OAC, specifies that the administrator of the program shall maintain records for preceptors including: (1) Verification of current, valid licensure as a registered nurse, or, for a practical nursing education program, as a licensed practical nurse, in the jurisdiction or foreign country where the supervision of a nursing student's clinical experience occurs; and (2) A record demonstrating competency in the area of clinical practice in which the preceptor provides supervision to a nursing student, including the names and locations of employers in the field of nursing, with time periods of employment.

Preceptor Signature (attesting to accuracy of information)	Date	
Printed Name		