**PRECEPTOR AGREEMENT FORM-LEADERSHIP TRACK**

I, (**Printed name of Preceptor**) have met with the graduate student regarding a preceptorship at this agency. I have reviewed the preceptorship agreement, and we have discussed the course objectives, clinical requirements, and the Doctor of Nursing Practice student evaluation document for the practicum courses. I agree to act as a Clinical Preceptor to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RN (**Printed name of Graduate Student**) as part of his/her enrollment in the Holy Family University Graduate Nursing Program’s practicum course(s). I am aware that I will need to confer with the faculty during and at the end of the semester to provide any information that I believe is necessary regarding the student’s progress in the practicum. A written evaluation of the student on the provided form should be submitted at the end of the semester.

I am willing to serve and be available as a preceptor for this student enrolled in the practicum course(s) during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Year**) academic year.

I am aware that I must complete the Doctor of Nursing Practice student evaluation document prior to the end of the semester in which this student is enrolled.

Preceptor (Print):

Telephone:

Email: Agency:

Address:

City/State:

Zip:

Preceptor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_