



SCHOOL OF NURSING

OAKLAND UNIVERSITY

NP PRECEPTOR REQUEST & DATA FORM

Dear Clinical Preceptor:

Thank you for your willingness to be a preceptor for Oakland University's Nurse Practitioner Program. We greatly appreciate your expertise, time, and service to our students, the School of Nursing, and to Oakland University. In our program, we emphasize the role of the nurse practitioner as part of the healthcare team. We encourage your participation in our program and welcome your feedback. Our goal is to collaborate with you so the student has the best experience.

As part of our process, we are asking you complete page 2 of the 2-page form. The information is required for our accreditation. This form also asks for you indicate the number of hours you are able to precept. If an Affiliation Agreement is not on file at Oakland University, the Clinical Department will contact you and/or your office to coordinate. ***Please return the form to npclinical@oakland.edu***

At the beginning of the rotation, you will receive detailed information about the course, the student evaluation form, and faculty contact information. At the end of the clinical rotation, as needed, you can request a certificate of service, which verifies the hours you agreed to precept the student. If additional verification is needed for your professional certifying body, please do not hesitate to contact us. In addition, at the end of the calendar year, you will receive an evaluation form asking you to evaluate your experience with Oakland University, the School of Nursing, and the Nurse Practitioner Program. Your feedback is crucial in helping us to maintain an outstanding program.

Again, we appreciate your time and service to Oakland University's Nurse Practitioner Program and we look forward to seeing you in the future.

Kind regards,

Carolyn Tieppo, DNP, RN, CPNP-PC
Director, Nurse Practitioner Program
Oakland University, School of Nursing
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cktieppo@oakland.edu

OAKLAND UNIVERSITY SCHOOL OF NURSING

NP PRECEPTOR REQUEST: PRIMARY CARE

COURSE:

- NRS 6637 Advance Nursing Care of Episodic Health Conditions
- NRS 6647 Advance Nursing Care of Chronic Health Conditions
- NRS 6657 Advance Nursing Care of Pediatric Patients
- NRS 6667 Advance Nursing Care of Aging Adults

Semester (check one): Fall Winter Summer Year: _____

Track (check one): Family Nurse Practitioner Adult-Gerontological - Primary Care

STUDENT INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Mobile: _____ Oakland E-mail: _____

PROPOSED PRACTICE INFORMATION: (To be completed by student)

Practice Name: _____

Office Manager/Contact: _____ Phone: _____

Address: _____

City: _____ Zip code: _____

Office Contact E-mail address: _____

Phone: _____ Fax: _____

(Next page for preceptor to complete)

PRECEPTOR INFORMATION

Preceptor Name: _____

Preceptor Email: _____ Phone: _____

Address: _____

City: _____ Zip code: _____

Number of hours typically worked per week: _____ Primary days: _____

Graduate Educational Institution: _____

Degree Earned: _____ Date Received: _____

Michigan RN License Number: _____ Expiration Date: _____

NP Certification Board: _____ Expiration Date: _____

NP Board Credentials: _____ Date Received: _____

Michigan MD/DO License Number: _____ Expiration Date: _____

Specialty Area of Practice: _____

Years of Experience _____ Years of Experience in Current Role: _____

Are you **employed** by a health system? Yes No Name: _____

Are you **credentialed** by a health system? Yes No Name: _____

I am willing to precept _____ for _____ hours
Student's Name (up to 210 hours)

Preceptor Signature: _____ **Date:** _____

Please include your CV/Resume and attach a business card, if available

Please return by email to:

npclinical @oakland.edu