

**Presentation College – Division of Nursing  
Preceptor Orientation Acknowledgement**



Dear Clinical Preceptor:

We are required to document that you have been provided Clinical Preceptor orientation and training material.

We are asking your cooperation in completing this form upon review of the information located on the Preceptor Orientation website at <http://www.presentation.edu/academics/academic-divisions/nursing-department/nursing-program-resources/>

**Student Handbook**

- [2018-2019 Nursing Student Handbook](#)

**Preceptor Guidelines**

- [2018-2019 MSN Clinical Preceptor Guidelines](#)
- [NONPF Preceptor Orientation Video](#) A resource video that may assist the preceptor is the NONPF Preceptor Orientation Video. This may also be accessed at: <https://vimeo.com/nonpf/nonpfpreceptororientation> by entering the passcode "NONPFOrientation15."

Please sign and submit this form by:

- 1) Sending as an attachment and emailing to the MSN Program Director for Nurse Educator students to [Betty.Leslie@presentation.edu](mailto:Betty.Leslie@presentation.edu) or [Tonya.Struble@presentation.edu](mailto:Tonya.Struble@presentation.edu)
- 2) Sending as an attachment and emailing to the MSN Program Director for Family Nurse Practitioner students to [Tonya.Struble@presentation.edu](mailto:Tonya.Struble@presentation.edu)

**Clinical Preceptor Orientation Acknowledgement**

I, \_\_\_\_\_ acknowledge that I have been provided  
(Clinical Preceptor Name)

information regarding my role and responsibilities as a clinical preceptor for Presentation College's Nursing Program. I have access to information regarding the program philosophy and framework, as well as specific information related to clinical objectives. I have access to the evaluation tools necessary for me to provide an evaluation of the student's clinical experience.

I understand that at any time I may have a question or need guidance, I may contact the FNP Coordinator or the MSN Program Director as listed in the orientation materials.

\_\_\_\_\_  
Print Clinical Preceptor Name

\_\_\_\_\_  
Clinical Preceptor Signature

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

Email: \_\_\_\_\_