Instructions for Preceptor Approval Process

1. Student contacts willing preceptor.

2. Student checks preceptor's license i.e. does a licensee search on the appropriate Board website. Student prints a copy of the preceptor's license information. If the preceptor has taken SLU students within the last year, then this step may be omitted as that information is on file.

3. Student types (preferably) information on the preceptor information form to the extent that the information is known. This step is always necessary, even if the preceptor has taken SLU students in the past.
   For example, student would not be able to fill in the preferred method of contact or cell phone number. If the preceptor is in a state that does not have online licensee search without a fee then the student obtains a copy of the license from the preceptor.

4. Student takes the form to the preceptor to verify accuracy of information and obtain any missing information.

5. Student emails or faxes the preceptor form to the appropriate faculty member i.e. the course coordinator.

6. Course coordinator will review the preceptor information and give approval if the preceptor is appropriate for the course.

7. Student verifies with clinical agency if an affiliation agreement is required or if proof of enrollment and SLU’s Certificate of Liability insurance is sufficient.

8. If affiliation agreement is required, student submits Facility Contract Request form to ksaunde4@slu.edu

9. When the legal arrangement is negotiated, the course coordinator is notified.

10. Course coordinator notifies student that the clinical site is approved.
### Student Name

- Specialty Track (e.g. ACNP, FNP)
- Course Number
- Course Coordinator
- Semester and Year

### Preceptor Contact Information

- Full Name of Preceptor
- Name of Clinical Site/Medical Group
- Street Address
  - Suite No., Department, Mail-Stop, Etc
  - City, State, Zip
- Office Phone
- Cell Phone (optional)
- FAX Number
- E-mail Address
- Other contact information
- Best Time & Preferred Method of Contact
- Preferred address for Verification of Precepting form (& thankyou!)

### Licensure/ Specialty Information

*Send copies of license and other recognition documents. You must notify the School of any encumbrances or changes of status in your licensure or certification.*

- Degree(s)
- License Type, State and Number
- Specialty (e.g. Cardiology, FNP, LCSW)
  - If CNS or other please specify
- Subspecialty (if applicable)
- Certifying Body (e.g. ANCC, NCBPNP)
- Experience/students
  - Yrs experience:
  - Current # of students:

### Clinical Setting

- Clinical Setting Type (Hospital, Outpatient Clinic, please specify)
- Patient Population (e.g. Pediatric, etc.)

### Faculty to Fill Out

- Dates
  - Beginning:
  - Ending:
- Total Number of Clock Hours

FAX number for FNP: 314-977-8817; PNP, PMHNP = 314-977-8819
FAX number for ACNP, AGNP = 314-977-8840, all others use 314-977-8817