

**Midwestern State University**  
**Family Nurse Practitioner 1/Family Psych Mental Health NP**  
**Preceptor Packet**

**3410 Taft Blvd**

**Wichita Falls, Texas 76308**

Dear Health Care Provider,

Thank you for considering to precept/mentor one of our advanced practice graduate nursing students. This packet provides an explanation of your responsibilities as a preceptor/mentor. We have also included the student's and his/her faculty advisor's responsibilities to you.

After reviewing these responsibilities, if you agree to precept/mentor a student, please complete the "Agreement" and the "Biographical Data Sheet" or a CV and return them to us by Fax or electronic submission. If you have precepted our students in the past at **this facility**, you only need to fill out and sign the form on page 4 **PLEASE PRINT YOUR NAME AND FACILITY ADDRESS CLEARLY**

**FAX: 940-397-4532**

**Electronic to : [cathy.healey@msutexas.edu](mailto:cathy.healey@msutexas.edu)**

**PLEASE NOTE: THESE FORMS MUST BE ON FILE AT MSU BEFORE THE STUDENT BEGINS THE CLINICAL EXPERIENCE.**

We appreciate your willingness to share your expertise with our students. If you have any questions, you may contact your student's advisor:

Name of Advisor: Catherine Pankonien

Phone: 940-397-4060

Sincerely,

**Brent Wetendorf, DNP, NP-C**

Assistant Professor

Clinical Coordinator - FNP

Email: [brent.wetendorf@msutexasu.edu](mailto:brent.wetendorf@msutexasu.edu)

Telephone: (940) 397-6308

**Kimberly Mercer, DNP, RN, FNP-BC, PMHNP-BC**

Assistant Professor

Clinical Coordinator – PMHNP

Email: [kim.mercer@msutexas.edu](mailto:kim.mercer@msutexas.edu)

Telephone: 940-397-4607

Enclosure: Preceptor/Mentor Agreement, Biographical data sheet, Preceptor Packet

**MIDWESTERN STATE UNIVERSITY  
SCHOOL OF NURSING  
GRADUATE NURSING PROGRAM**

***Preceptor Criteria and Responsibilities***

**Criteria for Preceptor**

On site clinical supervision of students may be shared with other competent clinicians serving as clinical preceptors, as appropriate. Competent clinicians may be considered as preceptors if they:

Are licensed and nationally certified in their specialty area with experience and expertise in the area of specialization. Such clinicians may include, but are not limited to: Physicians, nurse practitioners, and advanced practice nurses.

Have preparation appropriate to their area(s) of responsibility with clinical experience of at least two years.

Maintain currency in clinical practice and continue to improve their expertise

**Criteria for Mentor**

Expertise is recognized from professionals without the above credentials. These experts may be considered mentors, with the experiences carrying equal weight to that of preceptors. State law defines the use of preceptors. Mentors are enthusiastically encouraged by the MSU FNP Program.

**PRECEPTOR/MENTOR RESPONSIBILITIES**

1. Bridges the gap between theory and actual practice.
2. Orients student to clinical setting, organizational policies and key personnel.
3. Assists student in planning clinical assignments based on course objectives and student articulated learning needs.
4. Provides supervision of student on a one-to-one clinical basis until such time as student and preceptor deem direct supervision is no longer necessary.
5. Provides daily feedback to student.
6. Reviews all student documentation in clinical records and co-signs same.

7. Submits a Student Evaluation Form to MSU of the clinical experience as requested.
8. Serves as a role model to the nurse practitioner student.
9. Maintains an open line of communication with student's clinical advisor.

### **STUDENT RESPONSIBILITIES**

1. Interviews the prospective preceptor as to goals/objectives for fulfilling clinical requirements,
2. Provides the preceptor with written objectives for the clinical experience, both general and specific.
3. Provides proof of nursing license, immunization status, and liability insurance as necessary.
4. Submits the signed preceptor agreement to MSU **prior to beginning the clinical experience.**
5. Reviews existing agency protocols or MSU's protocols with preceptor.
6. Documents all clinical encounters in the respective health records using a SOAP format. **All entries must be co-signed by the preceptor.**
7. Arrives at designated site on time and dressed professionally with MSU student nametag.

*\*\*Note\*\* All currently enrolled MSU graduate students are covered under liability insurance through Midwestern State University (A copy of same is on file in the Graduate Nursing office at MSU and is available to the preceptor).*

### **FACULTY RESPONSIBILITIES**

1. Be available to discuss the program requirements and objectives with the preceptor.
2. Assess the adequacy of space and appropriateness of assignments for the student's learning objectives and experiences.
3. Communicates with preceptor regarding the student's progress by phone or site visit.
4. Schedules on-site visits when deemed necessary by the faculty, student and/or preceptor.

**MIDWESTERN STATE UNIVERSITY  
WILSON SCHOOL OF NURSING  
PRECEPTOR/MENTOR AGREEMENT**

**I have reviewed the preceptor/mentor packet. I can provide the student with clinical experiences that meet the requirements as outlined in the material covered. PLEASE PRINT CLEARLY NAME OF PRECEPTOR, STUDENT, AGENCY AND ADDRESS.**

I agree to accept the responsibilities as outlined in the packet.

I understand that there will be no remuneration for this service.

I will review the student's learning activities and abilities and agree to submit the required evaluation form(s) or a verbal evaluation to MSU or the student's clinical advisor.

I, \_\_\_\_\_, agree to serve as a preceptor/mentor for the nurse practitioner student, \_\_\_\_\_ for the required clinical experience. This agreement covers dates: \_\_\_\_\_ to \_\_\_\_\_.

Preceptor/Mentor Agency \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

**Please check all that apply concerning this clinical practice site:**

Medically Underserved Area (MUA as designated by the State)

Rural Health Care Clinic

\_\_ Community Health Care Clinic

--- Indian Health Clinic or Hospital

Thank you for your cooperation and interest in precepting/mentoring a graduate nursing student.

**MIDWESTERN STATE UNIVERSITY  
SCHOOL OF NURSING  
Graduate Nursing Programs  
Preceptor/Mentor Biographical Data Sheet**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CREDENTIALS \_\_\_\_\_

SPECIALTY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

INSTITUTIONAL AFFILIATION \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ Suite \_\_\_\_\_

OFFICE CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: VOICE \_\_\_\_\_ FAX \_\_\_\_\_

(Optional Numbers)PAGER \_\_\_\_\_ CELLULAR \_\_\_\_\_

CONTACT PERSON IN YOUR AGENCY \_\_\_\_\_

CONTACT PERSON PHONE NUMBER \_\_\_\_\_ EXT \_\_\_\_\_

PROFESSIONAL LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ISSUING STATE AGENCY \_\_\_\_\_ (Please indicate if other than Texas)

CERTIFICATION Y N BY WHOM \_\_\_\_\_ EXP \_\_\_\_\_

**This material is kept secured at the School of Nursing and remains confidential.**

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In what type of facility do you practice?

- |  |  |
|--|--|
| a. _____ Physician's primary practice site | b. _____ Licensed hospital             |
| c. _____ Licensed Long Term Care Facility  | d. _____ Licensed Adult Care Center    |
| e. _____ Rural Health Clinic/MUA/HPSA/FQHC | f. _____ accredited Educational agency |
| g. _____ Other: _____                      |  |

At what level are you willing to let the student function?

- |  |                                   |
|--|-----------------------------------|
| a. _____ Observation only                          | b. _____ Health History Gathering |
| c. _____ Assessment of patient for reason of visit | d. _____ Full patient assessment  |

- e. \_\_\_\_\_ Participation in medical management
- f. \_\_\_\_\_ Patient teaching
- g. \_\_\_\_\_ Provision of patient care/follow-up care
- h. \_\_\_\_\_ Staff development
- i. \_\_\_\_\_ Formal nursing education
- j. Other \_\_\_\_\_

**\*YOU MAY SEND A CURRENT CV or RESUME INSTEAD OF THIS FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**SCHOLASTIC BACKGROUND** *list colleges and universities attended in reverse chronological order.*

College or University	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
 Graduate or Professional School		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ORGANIZATIONS and PROFESSIONAL ASSOCIATIONS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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