Milwaukee Area Technical College
Healthcare Pathway: Associate Degree Nursing
Preceptorship Application for NRSAD 116 Students (Rev. 03/2026)

Submit this completed form to:
bamans@matc.edu
by the deadline of FRIDAY Dec 4 at 3 pm.

Kindly inform your N111 instructor of your intentions to apply for the preceptorship and your request for their recommendation. Please read the following carefully:

A preceptorship is an experience in which a senior nursing student (one who is enrolled in NRSAD 116) is paired with a registered nurse to provide personal instruction, training, and supervision. The experience is limited to the scheduled dates of NRSAD 116 and the student is responsible to work the same shift(s) as their assigned preceptor.

Preceptorship requests and placements are coordinated by a number of stakeholders. Agreements between the clinical agency, the preceptor and the college, as well as preceptor availability determine final placements. Students are invited to discuss prospective locations of interest with faculty.

Note:

- Participation in the preceptorship experience does not guarantee future employment or benefits.
- Students will not be assigned to a preceptorship on the same unit where they are employed.

How do I know if I qualify for a preceptorship experience?

You must be enrolled in NRSAD 116 and a student in good standing in the ADN program. Students are selected based on qualifications, their Level III and IV clinical instructor recommendations, and successful performance in NRSAD 115.

A student is eligible to apply for the preceptorship if they:

- demonstrated satisfactory performance in all areas of the Clinical Evaluation Tool (CET) for NRSAD 115 with no score of 7 and/or no learning contract.

- successfully completed the medical dosage calculation quizzes at a minimum score of 80% in NRSAD 115 within the first two testing opportunities.
- successfully met the NRSAD 115 Plan of Care (POC) requirements at a minimum of 80% within the first two attempts.

What are my responsibilities?

Including satisfactorily meeting the requirements for NRSAD 116, the student will:

1. comply with all facility health clearance requirements.
2. comply with all facility and department policies & procedures.
3. communicate errors and any deviations from expected client findings, policies and protocols promptly to the preceptor. **Errors should always be reported to the course instructor promptly.**
4. conduct themselves as professional persons that reflect the high standards of healthcare professions.
5. communicate issues or problems in a timely manner to the preceptor and course instructor.
6. be prepared and on time.
7. comply with safe patient care standards at all times.
8. delineate, establish, and maintain professional boundaries with each client.
9. attain and track clinical hours.
10. participate in all on campus learning activities.
11. at or near the end of the experience, complete an evaluation of the experience.
12. compose a professionally written thank you letter (or email) to the preceptor at the end of the experience.

Directions: Please enter **complete** responses for the information requested.

Name	
Student ID	
Cell Phone	
Street Address (helps with placement decisions)	

Please provide the name of your N111 Instructor	**Please provide the name of your N115 Instructor (if known)**

In the space below, include a clear typed statement that addresses specific examples of behaviors and experiences that support your application and that show you are an exceptional candidate for a preceptorship experience.

In the space below, submit three measurable (SMART) goals that you set for yourself if your application is accepted.

Although we cannot guarantee a certain preceptor site or location, what kind of preceptor opportunity would meet your learning goals, if possible? Inpatient/clinic/community?

Our preceptors are scheduled for a variety of shifts on weekends, evenings and night shifts. In the space below, please include days of the week, times (evenings, weekends, night shift, holidays) that you are available.

In this space, please include the type of facilities in which you had clinicals in previous semesters and also the patient population(s) you have cared for in your clinicals.

Thank you.

Office Use Only Below This Line:

_____

Student is in good standing and meets stated criteria:

- received an unsatisfactory in any area of the N115 clinical evaluation tool (CET).
- were required to take a makeup medication dosage calculation quiz.
- were required to complete a make up Plan of Care (POC).
- were under clinical contract for any reason in NRSAD 111 and/or NRSAD 115.

Yes ____ No _____

Name of Semester III Instructor

Approving Faculty Signature:

Date/Time of Submission:

Notification sent to student: