SCHOOL OF NURSING

OAKLAND UNIVERSITY

NP PRECEPTOR REQUEST

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 for you complete page 2 of the 2-page form. The information is required for our accreditation. 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, you will receive a certificate of service, which verifies the hours you precepted with the student. If additional verification is needed for your professional certifying body, please do not hesitate to contact us. In addition, 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,

Oakland University, School of Nursing
Nurse Practitioner Program
433 Meadow Brook Rd.
Rochester, MI 48309

OAKLAND UNIVERSITY SCHOOL OF NURSING

NP PRECEPTOR REQUEST

COURSE:

☐ **NRS 6737 Adult and Gerontology Nurse Practitioner Clinical Concepts in Acute Care I**

☐ **NRS 6747 Adult and Gerontology Nurse Practitioner Clinical Concepts in Acute Care II**

☐ **NRS 6767 Adult and Gerontology Nurse Practitioner Clinical Concepts in Acute Care III**

☐ **NRS 6637 Advanced Nursing Care of Episodic Health Conditions**

☐ **NRS 6647 Advanced Nursing Care of Chronic Health Conditions**

☐ **NRS 6657 Advanced Nursing Care of Pediatric Patients**

☐ **NRS 6667 Advanced Nursing Care of Aging Adults**

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

STUDENT INFORMATION: (To be completed by Student)

Name: _____

Address: _____ **City**: _____

State: _____ **Zip Code**: _____ **Home Phone:** _____

Mobile: _____ **Oakland E-mail:** _____

(Next page for preceptor to complete)

PRECEPTOR INFORMATION

Preceptor Name with Credentials: _____

Preceptor Email: _____ Phone: _____

Practice Name: _____

Work Address: _____

City: _____ Zip code: _____

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

Graduate Educational Institution: _____

Degree Earned: _____ Date Received: _____

Michigan RN License Number: _____ Expiration Date: _____

Michigan License Number: _____ Expiration Date: _____

NP Certification Board: _____ Expiration Date: _____

NP Board Credentials: _____ Date Received: _____

Specialty Area of Practice: _____

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

Supervisor/Manager Name: _____

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

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

Preceptor Signature: _____ Date: _____

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

Please return by email to:

npclinical@oakland.edu