## **Kentucky Board of Nursing**

## **Preceptorship Continuing Education Verification Form**

201 KAR 20:215 Continuing Competency Requirement Section 3 (3)(c) 4. Requires the completion of this form by the nurses' educational institution or preceptor's supervisor for evidence of continued competency for an RN or LPN utilizing this option to provide proof of competency. This form will not satisfy any content specific requirements. APRNs should not submit this form as it will not meet pharmacology CE requirements nor is it specific to an accrediting organization's requirements (ANCC or AANP).

Participation as a preceptor is equivalent to 14 contact hours of continuing competency validation as long as each of the following criteria is met: (201 KAR 20:215)

## Criteria:

- a minimum of 120 clock hours;
- shall be a one-to-one relationship between the preceptor and nursing student or employee undergoing orientation;
- may involve more than one (1) student or employee;
- shall be evidenced by written documentation from the educational institution or preceptor's supervisor

Licensee Name:	
The preceptorship was with:  Name:  Dates of preceptorship:	# of hours:
Name of Faculty Member/Facility Manager Verifying: _ Signature of Faculty Member/Facility Manager: Position/School:	
The preceptorship was with:  Name:  Dates of preceptorship:	# of hours:
Name of Faculty Member/Facility Manager Verifying: _ Signature of Faculty Member/Facility Manager: Position/School:	
The preceptorship was with:  Name:  Dates of preceptorship:  Name of Faculty Member/Facility Manager Verifying:	# of hours:
Signature of Faculty Member/Facility Manager:	

Retain this information in the same manner that you would maintain a Continuing Education Certificate of Attendance for at least 5 years following the current renewal/earning period.