

Preceptorship Verification Form

If you wish to claim preceptorship hours as a way of validating continued competency, this form *can be used* as a means to document participation. **USE OF THIS FORM IS NOT REQUIRED.**

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: _____ License #: _____

Employing Agency: _____ Location: _____

The preceptorship was with:

Name: _____ Credential: RN/LPN Nursing Student

Dates of preceptorship: _____ # of hours: _____

Name of Faculty Member/Facility Manager Verifying: _____

Signature of Faculty Member/Facility Manager: _____

Position/School: _____ Contact Phone Number: (____) _____

The preceptorship was with:

Name: _____ Credential: RN/LPN Nursing Student

Dates of preceptorship: _____ # of hours: _____

Name of Faculty Member/Facility Manager Verifying: _____

Signature of Faculty Member/Facility Manager: _____

Position/School: _____ Contact Phone Number: (____) _____

The preceptorship was with:

Name: _____ Credential: RN/LPN Nursing Student

Dates of preceptorship: _____ # of hours: _____

Name of Faculty Member/Facility Manager Verifying: _____

Signature of Faculty Member/Facility Manager: _____

Position/School: _____ Contact Phone Number: (____) _____

Retain this information in the same manner that you would maintain a Continuing Education Certificate of Attendance [at least 5 years following the current licensure period].