

**LETTER OF AGREEMENT N549, N550ABC, and N555 Winter/Summer**

Preceptor Name \_\_\_\_\_ Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

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

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

License Number \_\_\_\_\_ NPI Number \_\_\_\_\_ DEA Number \_\_\_\_\_

Type of practice:  Family  OB/GYN  Peds  Other \_\_\_\_\_

Course:  549  550  A  B  C  555

This letter is to confirm arrangements for \_\_\_\_\_, FNP student, to do preceptorship study with you. The student will spend \_\_\_\_\_ hours per week in your office during each semester of preceptorship, depending upon your office hours. It is anticipated that this arrangement will be in effect from \_\_\_\_\_ to \_\_\_\_\_; however, either party with 14 days' notice can terminate it.

Your responsibilities include clinical supervision and instruction as needed, and a written evaluation of student performance at the end of each semester. Evaluation forms are attached.

The student's faculty advisor generally visits 1-2 times per semester for observation of student progress, and for discussion of the experience. Additional visits may be arranged should the preceptor or faculty consider them necessary.

When the student begins the experience in your office, if this is the first semester of clinical experience, he or she will be able to do a complete screening physical examination, and participate in management of common minor problems. Throughout the program, students will continue to learn management of common acute and chronic illnesses, normal prenatal and post-partum care, well childcare, and health maintenance. In subsequent semesters, the student will assume increasing responsibility for patient care.

The FNP students function under their RN license within the stipulations of Article 2, Section 2725 of the California Nursing Practice Act (BPC Chapter 6). The course content provides general guidelines for chart management. These serve as general guidelines for practice; however, in your office, students are expected to consult you and follow your approaches to treatment. All nursing students are covered by the school's blanket liability insurance policy.

This letter serves as an agreement between yourself and the Sonoma State University Department of Nursing, unless there are other changes you desire. Should you have any questions about the preceptorship, please do not hesitate to call.

Please go to the [www.sonoma.edu/nursing](http://www.sonoma.edu/nursing) website and review the Preceptor Orientation content prior to the first clinical day with the above student.

**INCOMPLETE FORMS WILL BE RETURNED**

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
FNP Program Director

\_\_\_\_\_  
Supervising MD Signature (PA's only)