Preceptor Commitment Form
Post Master’s Certificate – Nursing Leadership & Management (PLM)

A Walden University nursing student has nominated you as a preceptor for an upcoming practicum course. We appreciate your contribution to the training of student nurses by sharing your time, expertise, and knowledge. We are asking that you please read and sign this document, acknowledging your role as a preceptor for the student.

School of Nursing at Walden University
- **Accreditation:** The Master’s Degree in Nursing (MSN) program at Walden University is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org).
- **Mission:** The School of Nursing provides academically rigorous and culturally and contextually relevant educational programs, based in the scholar-practitioner model, for a diverse array of nursing professionals seeking enhancement of critical thinking skills, abilities to select and implement evidence-based practices, and core and specialty nursing knowledge in order to transform society.

Purpose of Practicum:
A practicum is a distinctly defined supervised on-site experience, in which students develop applied skills and integrate professional knowledge. The didactic (classroom) and practicum components of the courses are integrated. Under the guidance of a preceptor in a leadership role, students apply knowledge and theory in leadership and management to the practicum experience. The practicum can take many forms and address a variety of objectives of which could culminate to a contribution to your organization.

Students in the Post Master’s Certificate program in the Leadership and Management track may complete the following course:
- **Practicum Course:**
  - Optional: NURS 6600 – Capstone Synthesis – 144 hours
  - Total of 144 supervised practicum hours
  - Direct patient care and services are NOT permitted as part of this practicum course.
  - Review course information online: [http://academicguides.waldenu.edu/fieldexperience/son/PreceptorResources](http://academicguides.waldenu.edu/fieldexperience/son/PreceptorResources)

Role of the Preceptor:
- Guide, direct, and support the student, to facilitate the achievement of practicum learning objectives.
- Provide opportunities for role analysis, as well as the application of skills and knowledge.
- Supervision by you as a preceptor which encompasses instruction, monitoring, supervision, evaluation and feedback.
- Completion of a final evaluation to assess the student’s work during practicum.
- Sign off on student’s time log to verify the completion of required practicum hours.
- After the course begins, a conference call will be arranged between you, the student, and instructor to discuss the practicum. During this call, practicum goals and requirements will be discussed. Preceptors will have the opportunity to ask questions.
- After week three of the course, you will receive an email with login credentials for Meditrek, Walden University’s course evaluation and practicum time log system.

Role of Clinical Instructor:
- The instructor is a Walden faculty member responsible for assuring that this student meets the course objectives and works closely with the student’s preceptor.
- The instructor communicates on a regular basis with the student and the preceptor regarding student progress and learning needs, and is available to resolve problems if they arise.
- Instructors will also make a site visit, either virtually and/or on-site, to review the student’s experience.
- The instructor is responsible for evaluating the student’s practicum work and assigning a final grade.
- The student’s instructor is available to answer any questions that you may have.
Compliance Requirements for Preceptors: Walden University abides by the appropriate compliance requirements and standards as determined by various state, national and professional nursing agencies. Therefore, we request preceptors agree to abide by the following standards and requirements:

1. Currently licensed in the state where practicum will occur with an active and unencumbered license.
2. Has a minimum of one year of postgraduate experience and a current job role relevant to the specialization.
3. Is employed at the field site where the practicum will take place.
4. Is not the student’s supervisor, family member or a personal friend.
5. Agree to engage in an on-site preceptor to student ratio of 1:2 for direct student supervision at any given time.
6. Complete evaluations to assess the student’s work during practicum and verify practicum time log hours.

Meditrek:
Meditrek is the online clinical rotation management system we utilize to track, monitor and manage the practicum experience.

- Preceptors will verify time logs and complete an evaluation in Meditrek.
- The link to Meditrek is https://edu.meditrek.com/
- Meditrek credentials will be emailed to you during the third week of the course. If you do not receive your Meditrek credentials you can request them online at: http://www.emailmeform.com/builder/emf/Walden/RequestMeditrekCredentials

Additional Resources for Preceptors:
The following additional resources can be found online at http://academicguides.waldenu.edu/fieldexperience/son/PreceptorResources

- Practicum Manual & School of Nursing Handbook
- Course Objectives, Course Outcomes & Clinical Checklists
- Meditrek Information, Resources & Webinars
- Academic Program Overview for the School of Nursing
- Walden University and School of Nursing – Mission, Vision & Accreditation

Benefits for Preceptors: As a benefit to you and to show our appreciation, we provide preceptors with the following opportunities upon conclusion of the course after completing the final evaluation:

1. Complimentary nursing continuing education contact hours from Walden University by completing learning modules.
2. Documentation of hours precepted to utilize for possible continuing education hours for licensure renewal.

Next Steps:
- After completing and signing this form, please send it directly to the student. The student will then upload this form as part of their application in Meditrek.
- This Preceptor Commitment Form is student, course and term specific, for compliance purposes. Thus, a form is required to be completed for each student for each class you are nominated to precept.
- If you complete this form electronically, you are agreeing to the Walden University Policy on Electronic Signatures.
- If you do not complete this form electronically, please print legibly and provide your signature at the bottom of the form.
- The Field Education staff at Walden will work directly with the administrator at your site to establish an affiliation agreement, which is a legal agreement directly with the field site and is different from this “Preceptor Commitment Form”.
- Upon final approval of the student’s application, you will receive a confirmation email with a Preceptor Orientation.

Policy on Electronic Signatures:
Walden University manages the practicum application processes in a nearly paperless environment, which requires reliance on verifiable electronic signatures, as regulated by the Uniform Electronic Transactions Act. Legally, an “electronic signature” can be the person’s typed name, his or her e-mail address, or any other identifying marker. An electronic signature is just as valid as a written signature if both parties have agreed to conduct the transaction electronically. The Field Education Coordinator for the School of Nursing will verify any electronic signatures that do not originate from a password protected source (i.e., an e-mail address officially on file with Walden University). The preceptor’s e-mail address provides authentication for electronic signature and thus must match the e-mail address contained in the student’s application for field experience.

How to Contact the Field Education Office
Email: nursingfield@mail.waldenu.edu
Phone: 855-593-9632
Post Master’s Certificate – Nursing Leadership & Management (PLM)

Section: To Be Completed by Student or Preceptor

Student’s Name: ____________________________
Quarter Term of Practicum: [ ] Fall Quarter (Aug-Nov) [ ] Winter Quarter (Nov-Feb) [ ] Spring Quarter (Feb-May) [ ] Summer Quarter (May-Aug)
Practicum Course: [ ] NURS 6600

Preceptor Section: To Be Completed by Preceptor

Note: All items in this section must be completed by the preceptor and not the student.

Preceptor’s Name: ____________________________
Preceptor Phone Number: ____________________________
Email: ____________________________
Preferred E-mail for Communications from Walden: ____________________________
Employment:
Current Position: ____________________________
Current Employer/Practice: ____________________________
Address of Practice: ____________________________
Location Where Student Will Be Completing Practicum: ____________________________
Length of Employment at Current Position: ____________________________
Year(s) ____________________________
Month(s) ____________________________

Education:
Highest Education Degree Associated with Licensure: ____________________________
Major/Concentration of Degree: ____________________________
College/University: ____________________________
Month & Year of Graduation: ____________________________
(MM/YYYY)

Licensure: Highest Licensure Related to This Preceptorship:
Type of License: [ ] APRN [ ] RN [ ] MD [ ] PA [ ] Other: ____________________________[ ] N/A
License State: ____________________________
License Number: ____________________________
License Exp. Date: ____________________________
(MM/YYYY)
Length of Time Practicing at Current Level of Licensure: ____________________________
Year(s) ____________________________
Month(s) ____________________________
Certifications or Specializations: ____________________________
Employer: ____________________________
Administrative Contact for Legal Agreements: ____________________________

Does your present role primarily involve a leadership position in health care? [ ] No [ ] Yes
Please describe your job responsibilities and the primary focus of your present position: ____________________________

Please initial the following:

1. Initial: ____________________________ I acknowledge that I will abide by the compliance requirements for preceptors as stated on page 2 of this form.
2. Initial: ____________________________ I understand that by completing this form, I have reviewed the above information and I am willing and able to meet all practicum criteria and preceptor requirements as stated above.

Date: ____________________________
(MM/DD/YYYY)
Preceptor E-mail (Must be entered by preceptor for an electronic signature for authentication): ____________________________
Preceptor Signature (Must be signed by preceptor if completing this form manually): ____________________________