

CERTIFICATION RENEWAL CATEGORY 5: Preceptorship Form

INSTRUCTIONS

Complete a minimum of 120 hours of direct clinical supervision of nursing students in your certification specialty. CNSs and NPs must precept advanced practice nurses (CNS, NP, CNM, or CRNA) to fulfill this category. Please review the Certification Renewal Requirements at www.nursecredentialing.org/RenewalRequirements.aspx for descriptions of preceptor hours accepted. Keep this form with your records. You will need to submit it if you are selected for audit.

Return this form by mail to:

American Nurses Credentialing Center Attn: Certification Registration P.O. Box 8785 Silver Spring, MD 20907-8785

Please do not submit this page with your renewal application. Keep this form with your records in case of audit.

Preceptorship Form		
Social Security Number (optional)		
Applicant Last Name	First Name	Middle Initial
Certification Specialty		
SECTION I: CANDIDATE INFO	RMATION Completed by faculty coord	linating the presentarchin
1. The individual named above has comp	pleted hours of preceptorship	o for:
Name of the educational institution and	program (e.g., University of xxx, School	ol of Nursing)
2. The dates for the preceptorship were:	:t	0
3. This preceptorship was conducted wi	th students in a:	
APRN Programs: Und	dergraduate Nursing Program:	Residency/Fellowship:
\Box Clinical Nurse Specialist program \Box	Baccalaureate nursing program	☐ RN residency or fellowship
☐ Nurse Practitioner program ☐	Associates or diploma nursing program	$\hfill \square$ NP or CNS residency or fellowship
\square Other graduate nursing program (sp	ecify):	
4. The specialty area or focus of this pre	eceptorship was:	
5. The preceptorship was held in:		
Name of the hospital/institution/facility, city, state		
Faculty coordinator name, credentials, a	and title (please print)	
Educational institution		
Program name		
 		
Institution address		
I hereby attest that the information prov providing false, inaccurate, or incomplet		
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NOTE: Please return this form to the candidate.

Faculty signature

Date