

**LOUISIANA STATE BOARD OF NURSING  
17373 PERKINS ROAD  
BATON ROUGE, LOUISIANA 70810**

**PRECEPTOR QUALIFICATION FORM**

**Directions:** Retain this form for each RN preceptor in the official records of the nursing program . This form shall be reviewed during the on-site survey of the nursing program by the Louisiana State Board of Nursing submitted upon request of the Board. License of the Preceptor must be visually inspected by the program head or his designee annually.

**1. NURSE PRECEPTOR INFORMATION:**

Name of Preceptor:

First	Middle	Last/Maiden	Married
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License number as it appears on your LA RN license:

RN	<b>License Active and Unencumbered?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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**2. CLINICAL INSTITUTION: Must fill in all sections.**

Name of Clinical Agency:

Position or Job Title:

Date of Employment (hire date):

Major Area of Clinical Specialization:

Length of Time in Current Clinical Practice Area:

Preceptor Qualifications (regardless of senior level experience or community-based experience):

<input type="checkbox"/> ASN (An RN, who does not possess a BSN, may be utilized as a preceptor provided that the RN has no less than three years; experience as an RN with a minimum of one year in the clinical areas in which the experience occurs and has the requisite skills to guide the student to meet the desired course outcomes for the specific clinical experiences.) LAC 46:XLVII.3543G.1.c
<input type="checkbox"/> BSN (Must have at least a minimum of one year as an RN in the clinical area in which the preceptorship experience occurs.) LAC 46:XLVII.3543G.1.a

**3. NURSING EDUCATION: Please indicate ALL degrees received.**

	Institution	Date Earned
3.1 Diploma Program		
3.2 Associate Degree		
3.3 Baccalaureate Degree		
3.4 Masters in Nursing		
3.5 Doctorate in Nursing		
3.6 Doctorate in Other		

3.7 Are you currently pursuing an advanced degree? Yes  No

4.5.1 Title of Degree \_\_\_\_\_

4.5.2 Name of University \_\_\_\_\_

4.5.3 Anticipated Date of Grad. \_\_\_\_\_

**4. EMPLOYMENT HISTORY:**

**CLINICAL PRACTICE:**

**List all employment at any clinical facility in chronological order beginning with the most recent employment.**

(If the individual does not hold a Baccalaureate Degree in Nursing, then show no less than three years total clinical experience with a minimum of one year in clinical area in which the experience occurs. The RN must have requisite skills to guide the student to meet the desired course outcomes for a specific clinical experience. LAC

46:XLVII.3543.G.2.c)

(\*Full-time employment is defined as a minimum of 1600 hours per year).

Employing Agency	Dates of Employment	Full Time	Part Time	Area of Responsibility

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

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
**\*\* I certify that I have visually inspected the current Louisiana RN License for the above named individual.**

\_\_\_\_\_  
Signature of Program Head or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Institution