## Certification Renewal Category 5: Preceptorship Documentation

Please do NOT submit this page with your renew al application. Keep this form with your records in case of audit.

## **INSTRUCTIONS**

Category 5 Preceptorship: Complete a minimum of 120 hours of direct clinical supervision to nursing students in you certification specialty. CNSs and NPs must precept advanced practiced nurses (CNS or NP) to fulfill this category. Keep this form with your records. You will need to submit it if you are selected for audit.

Section I: Candidate Information (C	Completed by the candidate)		
Social Security Number	Last Name	First Name	MI
Certification Specialty			
Section 2: (Completed by faculty c	pordinating the preceptorship)		
1. The individual named above has	completed hours of prece	ptorship for:	
Rush University College of Nursing Name of the educational institution			
2. The dates for the preceptorship	w ere:to		
3. This preceptorship was conduc	ed with students in a:		
☐ Clinical Nurse Specialist program	n Undergraduate nursi	ng program	
☑ Nurse Practitioner program	☐ Baccalaureate nursir	ng program	
☐ Other graduate nursing program	s (specify)		
4. The specialty area or focus of th	is preceptorship was		
5. The preceptorship was held at: _		ospital/institution/facility	
Faculty coordinator name, credenti	als, and title (Please print)		
Rush University, College of Nursing Educational Institution	1		
_Program name			
600 South Paulina Street, Suite 10 Institution address	80 Armour Academic Center		
Telephone number			
Faculty Signature		Date	<del></del>

I hereby attest that the information provided on this form is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in denial of certification or other adverse action

Note: Please return this form to the candidate.