



Dear Colleague,

This letter serves as an agreement between Case Western Reserve University (CWRU), Dr. _____ (preceptor) and _____ (student) for a practicum experience (course NUND 611) for _____ (sem. & year). Completion of NUND 611 is a requirement of the Doctor in Nursing Practice (DNP) degree at the Frances Payne Bolton School of Nursing, CWRU. The preceptor's facility has agreed to host this practicum. The appropriate facility contact is

(please provide name of senior leader/administrator, credentials, title, phone, and email).

The preceptor agrees to assist the student in refining the student's practicum plan and in overseeing and assisting in the evaluation of the achievement of the following objectives:

- 1.
- 2.
- 3.
- 4.

At the end of the semester, the student will complete an evaluation of each of the above objectives and a log of practicum hours. He/she will submit this form to the preceptor for verification and signature, which will indicate that the above objectives have been met.

The student's proposed practicum dates are : _____. The student proposes to complete _____ hours of practicum at this facility. The student () is / () is not (select one) employed by this facility. If employed, the student's title is _____.

Dr. _____ (preceptor) agrees to carry adequate professional liability insurance appropriate to her/his employment situation. Each student will carry personal and professional liability insurance appropriate to participation in the practicum objectives and will provide evidence of compliance with regulatory requirements of any professional engaged in the activities noted in the practicum plan.

By signing this document, the preceptor and student acknowledge the terms of the Practicum and related responsibilities. The Program Director's signature indicates approval of the practicum in meeting the degree requirements. The signed document should be submitted to the Department Assistant, Room 219A, FPB School of Nursing or dnpsast@case.edu

Preceptor signature: _____ Date: _____

Student signature: _____ Date: _____

Program Director signature _____ Date: _____

Required: Attach Preceptor CV to this document.