

College of DuPage Department of Nursing

Graduate Student Preceptorship Request Form

Student Name	
Student Contact Information	Phone: Email: Address: City, State, Zip Code:
College/University	Name: Address: City, State, Zip Code:
Name of Course	
College/University Course Faculty Member	Name: Phone: Email:
Date(s) of Preceptorship	
COD Faculty Member Requested	
Program Concentration	
Student Objectives for the Preceptorship	
Will IRB approval be needed at COD?	

Additional Information:

Deadlines for requests: **April 15** for fall semester; **November 15** for spring semester; **March 15** for summer semester

The following will need to be submitted to the Associate Dean and College of DuPage Faculty

- Copy of course syllabus
- Document delineating the roles of faculty, student and preceptor for this experience
- Agreement/Contract

A copy of the student's finished project must be submitted to the preceptor and Interim Director of Nursing at the conclusion of the experience.

The applicant's licensure status as a Registered Professional Nurse will be verified on the Illinois Department of Financial and Professional Registration website.

The applicant will be responsible for completing all health requirements as designated by the College of DuPage.

The applicant will be responsible for submitting all clinical participation information requirements if the experience requested involves clinical work.

Statement of Confidentiality:

I, _____, will adhere to the guidelines of FERPA during the practicum experience, and will also adhere to any confidentiality guidelines established by the clinical agency, if applicable.

Signature _____ Date _____

Please submit this completed form and attachments as listed above to:

Dr. Sarah Born: borns@cod.edu

Melissa McGovern: mcgovernm402@cod.edu

Nora Silvia: silvian@cod.edu