DNP INTENT OF RELATIONSHIP

Student:

I, _____ , Doctorate of Nursing Practice student, verify that I have discussed the requirements of the clinical practicum for _____ (class) with _____ (preceptor's name, title and credentials) who agrees to serve as a clinical preceptor between _____ (beginning of experience) and _____ (end of experience) for_____ hours. My clinical practicum schedule will follow the clinical preceptor's schedule or will be arranged individually with the clinical preceptor.

I have a current, valid RN license and am authorized to engage in the practice for which the license was issued. My license number is _____and it expires on _____ .

I am pursuing a_____(degree) at _____(university) and anticipate graduating in_____(month/year).

Clinical Preceptor:

I agree to serve as a clinical preceptor for the aforementioned Doctorate of Nursing Practice student and have received information regarding the requirements of the student's clinical practicum. I am including my curriculum vitae (if requested) for your files. I understand that no compensation will be received for serving as a preceptor for this student.

The student has provided me with verification of current malpractice insurance: Yes____ No____

Preceptor Signature: _____ Date:

Student Signature: _____ Date:

Faculty Signature: _____ Date:

Physician Signature: _____ Date: