

PRECEPTOR/MENTOR VERIFICATION FORM

I understand I must enter my preceptor/mentor hours into my recertification application and upload this form for my supporting documentation. The hours worked have been verified by the signature of the faculty member or educator who supervised my preceptorship/mentorship.

Hours claimed are for providing clinical supervision to baccalaureate, master's, or doctoral degree students and/or newly hired nurses in educational and professional settings. Courses taken about preceptorship or mentoring should be reported as continuing education. Submit one form for each precepted nurse.

Six (6) hours worked as a preceptor is equal to one (1) contact hour. You can claim a maximum of 120 hours worked as a preceptor per certification period, which is the equivalent of 20 contact hours.

1. Preceptor's Name:

2. Total Hours Worked (120 Maximum): Contact Hours Earned (20 Maximum):

3. Name and Status of Precepted Nurse:

Nursing Student	New Graduate Nurse	Newly Hired Nurse
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4. Dates Worked as Preceptor:

5. Name of facility/educational institution:

SUPERVISOR INFORMATION

I attest that the above-named candidate has completed the number of preceptor/mentor hours indicated.

Supervisor Name:

Signature:

An original or digital signature is required for contact hours to be approved.

Facility Name:

Address:

Email:

Phone:

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