

Preceptorship Agreement Sample Template

This is just an example agreement. Any agreement that includes the rule requirements is acceptable. Use what is useful, discard what is not.

Requirements of the APN for the Preceptorship:

- An APN must complete 1800 hours of post-graduate Preceptorship.
- The preceptor may be a Physician, or a Physician *and* an APN with full prescriptive authority (RXN).
- Must be completed within the five year period of the APN filing for Provisional Prescriptive Authority.
- (See complete nurse rules [here.](#)) (See complete physician rules [here.](#))

General Preceptorship Requirements:

- Is mutually structured by the APN and physician or physician/RXN
- Preceptors have education, training, experience, and a practice that corresponds (but need not be identical) to the Role/Specialty and Population Focus of the APN.
- Shall occur in a clinical setting that corresponds to the APNs Role/Specialty and Population Focus .
- Shall include but not be limited to precepted experience in pharmacological management; advanced Pharmacology and precepted experience with specific drugs relevant to the Role/Specialty Population Focus and scope of the APN.
- Interaction between the APN and Preceptor(s) will occur at least weekly, or more frequently if appropriate for patient safety.
- If the Preceptors are a RXN *and* a physician, interaction with the physician must be at least once per month.
- All prescription orders must be signed or otherwise legally authorized by a provider with full prescriptive authority.

Preceptor requirements:

- Legally and actively practicing in Colorado (with no disciplinary sanctions)
- An unrestricted DEA registration for the same controlled substance schedules as the APN.
- Sign an attestation form at the completion of the preceptorship.

Preceptors shall not require payment or employment as a condition of entering into a mentor relationship, but may, in recognition of their time and expertise, be paid reasonable expenses.

Examples for Plan:

Chart review

Case study

Order review

Inpatient progress review

Prescribing practice

Medication review

Group meeting case studies

Reviewing decision support tools

Consultation with other health professionals Article review

Preceptorship Agreement

Name of Advance Practice Nurse _____

Date of filing for Provisional Prescriptive Authority _____

APNs role and population focus _____

Clinical Setting: _____

Interaction

Interaction between the applicant and the preceptor(s) shall occur at least weekly and more frequently if appropriate to provide for patient safety. If the preceptorship includes a RXN Preceptor, the Physician Preceptor must participate in a minimum of one meeting per month.

Interaction Plan _____

Preceptor Name _____

Signature _____

Begin date working with APN _____

End date working with APN _____

Total hours working with APN _____

Preceptor Name _____

Signature _____

Begin date working with APN _____

End date working with APN _____

Total hours working with APN _____

Preceptor Name _____

Signature _____

Begin date working with APN _____

End date working with APN _____

Total hours working with APN _____

