



University of Iowa Health Care

Department of Nursing Services  
and Patient Care

## Newly Hired or Transferring Nurse

### Preceptor Contact Hours Documentation

Preceptor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Preceptee Name: \_\_\_\_\_

Preceptee's Previous Employer (if UIHC, state Dept/Unit): \_\_\_\_\_

Preceptee's New Employer (Dept/Unit) \_\_\_\_\_

**Purpose:** The use of preceptors for new/transferring nursing staff is a personalized method of ensuring staff competence and increasing job satisfaction for the new staff member.

Shift Date	Hours Precepting (ex. 0700-1900)	Shift Date	Hours Precepting (ex. 0700-1900)
		<b>Total Precepting Hours</b>	

Iowa Board of Nursing will recognize participation as a preceptor for an employee transitioning into a new clinical practice area for a minimum of 120 hours as 12 contact hours in continuing education (no more than 12 contact hours will be recognized per preceptorship). A preceptor shall maintain documentation demonstrating the objectives of the preceptorship and the hours completed.

Preceptor's Supervisor Printed Name: \_\_\_\_\_

Preceptor's Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please keep this record for four years.**

**NOTE:** This form does NOT apply to documentation of preceptor contact hours for an academic nursing program's student internship. Please contact the academic nursing program for documentation.