

Nursing Student

Preceptor Contact Hours Documentation

Preceptor Name: _____ License #: _____

Student Name: _____

Student's Academic Nursing Program (Institution): _____

Purpose: The use of preceptors for nursing students is a personalized method of ensuring student competence.

Shift Date	Hours Precepting (ex. 0700-1900)	Shift Date	Hours Precepting (ex. 0700-1900)
		Total Precepting Hours	

Iowa Board of Nursing will recognize participation as a preceptor for a nursing student, in a one-to-one precepting relationship, for a minimum of 120 hours as 12 contact hours in continuing education (no more than 12 contact hours will be awarded per preceptorship). A preceptor shall maintain documentation demonstrating the objectives of the preceptorship and the hours completed.

Academic Nursing Program Faculty Printed Name: _____

Academic Nursing Program Faculty Signature: _____ Date: _____

Please keep this record for four years.