



SCHOOL OF NURSING

OAKLAND UNIVERSITY

## NP PRECEPTOR REQUEST

Dear Clinical Preceptor:

Thank you for your willingness to be a preceptor for Oakland University's Nurse Practitioner Program. We greatly appreciate your expertise, time, and service to our students, the School of Nursing, and to Oakland University. In our program, we emphasize the role of the nurse practitioner as part of the healthcare team. We encourage your participation in our program and welcome your feedback. Our goal is to collaborate with you so the student has the best experience.

As part of our process, we are asking for you complete page 2 of the 2-page form. The information is required for our accreditation. This form also asks for you to indicate the number of hours you are able to precept. If an Affiliation Agreement is not on file at Oakland University, the Clinical Department will contact you and/or your office to coordinate. **Please return the form to [npclinical@oakland.edu](mailto:npclinical@oakland.edu).**

At the beginning of the rotation, you will receive detailed information about the course, the student evaluation form, and faculty contact information. At the end of the clinical rotation, as needed, you can request a certificate of service, which verifies the hours you agreed to precept the student. If additional verification is needed for your professional certifying body, please do not hesitate to contact us. In addition, at the end of the calendar year, you will receive an evaluation form asking you to evaluate your experience with Oakland University, the School of Nursing, and the Nurse Practitioner Program. Your feedback is crucial in helping us to maintain an outstanding program.

Again, we appreciate your time and service to Oakland University's Nurse Practitioner Program and we look forward to seeing you in the future.

Kind regards,

Carolyn Tieppo, DNP, RN, CPNP-PC  
Director, Nurse Practitioner Program  
Oakland University, School of Nursing  
2042 Human Health Building  
Rochester, MI 48309  
[cktieppo@oakland.edu](mailto:cktieppo@oakland.edu)

# OAKLAND UNIVERSITY SCHOOL OF NURSING

## NP PRECEPTOR REQUEST: ACUTE CARE

### COURSE:

- NRS 6737 Adult and Gerontology Nurse Practitioner Clinical Concepts in Acute Care I
- NRS 6747 Adult and Gerontology Nurse Practitioner Clinical Concepts in Acute Care II
- NRS 6767 Adult and Gerontology Nurse Practitioner Clinical Concepts in Acute Care III

Semester (check one):  Fall  Winter  Summer Year: \_\_\_\_\_

### STUDENT INFORMATION: (To be completed by Student)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Oakland E-mail: \_\_\_\_\_

### PROPOSED HEALTH SYSTEM INFORMATION: (To be completed by student)

Health System: \_\_\_\_\_

Hospital: \_\_\_\_\_

Unit/Service: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

(Next page for preceptor to complete)

**PRECEPTOR INFORMATION**

Preceptor Name with Credentials: \_\_\_\_\_

Preceptor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Number of hours typically worked per week: \_\_\_\_\_ Primary hours: \_\_\_\_\_

Graduate Educational Institution: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Date Received: \_\_\_\_\_

Michigan RN License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Michigan License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NP Certification Board: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NP Board Credentials: \_\_\_\_\_ Date Received: \_\_\_\_\_

Specialty Area of Practice: \_\_\_\_\_

Years of Experience \_\_\_\_\_ Years of Experience in Current Role: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

Are you **employed** by the health system  Yes  No Name \_\_\_\_\_

Are you **credentialed** by the health system  Yes  No Name \_\_\_\_\_

I am willing to precept \_\_\_\_\_ for \_\_\_\_\_ hours  
Student's Name (up to 210)

**Preceptor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please include your CV/Resume and attach a business card, if available*

***Please return by email to:***

**[npclinical@oakland.edu](mailto:npclinical@oakland.edu)**