

**Preceptor Agreement Between
Radford University School of Nursing Family Nurse Practitioner, Psychiatric Mental Health
Nurse Practitioner, Nurse Leadership, and Nurse Administration Programs
AND**

**Name of Agency/Name of Preceptor
(Please print both names)**

This Agreement outlines responsibilities of the above parties when supervising and educating assigned Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), Nurse Leadership, and Nurse Administration students during the clinical rotation experience.

Radford University School of Nursing Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Nurse Leadership, and Nurse Administration will:

1. Plan, implement, and administer the curriculum for students enrolled in the FNP, PMHNP, Nurse Leadership, and Nurse Administration programs.
2. Provide the student with general liability insurance as described in the Commonwealth of Virginia's Risk Management Plan which is authorized in Sections 2.2-1837, 2.2-1838, 2.2-1839, 8.01-195.4, 8.01-195.5, and 8.01-195.6 of the **Code of Virginia**.
3. Provide the preceptor with the name of the assigned student and planned educational objectives.
4. Provide the preceptor with an orientation to the clinical rotation and a copy of the rotation syllabus.
5. Provide the preceptor with sufficient copies of grade sheets, performance feedback forms, evaluation forms, and other paperwork required in his/her role as clinical preceptor.
6. Provide the preceptor with the name and contact number of the Clinical Coordinators/Faculty, who will serve as liaison with the preceptor and his/her associated personnel.
7. Collaborate with the preceptor (and his/her affiliated institution) to require students to abide by the rules and policies of the preceptor's clinic or institution.

The Preceptor will:

1. Not permit the FNP, PMHNP, Nurse Leadership, or Nurse Administration student to perform any medically-related tasks or functions without supervision from the preceptor or collaborating provider being physically present or immediately available to provide guidance.
2. Ensure that tasks assigned to the student do not exceed those that a graduate FNP, PMHNP, Nurse Leader, or Nurse Administrator would normally be allowed to perform.
3. At regular intervals, provide and document feedback to the FNP, PMHNP, Nurse Leadership, and Nurse Administration student regarding his/her performance.
4. Grade the student's performance by completing the Preceptor Evaluation provided by the FNP, PMHNP, Nurse Leadership, and Nurse Administration Departments.
5. Return the Preceptor Evaluation to the FNP, PMHNP, Nurse Leadership, and Nurse Administration Departments within seven days of completion of the rotation.
6. Inform the Clinical Coordinator/Faculty of student's poor or failing progress in the clinical rotation.
7. Inform the Clinical Coordinator/Faculty of any unprofessional or inappropriate behavior displayed by the student.
8. Inform the Clinical Coordinator/Faculty of any unexcused student absences within 48 hours.
9. Review the Radford University and Radford University Carilion FNP, PMHNP, Nurse Leadership, and Nurse Administration Student Preceptor Manuals that have been provided.

As an agency of the Commonwealth of Virginia, insurance coverage is provided through the Commonwealth of Virginia Risk Management Plan that is administered in accordance with the **Code of Virginia**. The Plan provides commercial general liability insurance coverage to all agents (including students participating within the authorized scope of a clinical internship, externship, or other educational program in order to meet pedagogical requirements) of the Commonwealth.

This agreement shall become effective on the execution date of _____ and shall remain in effect for _____ year(s) unless otherwise terminated early through written notice to the other party with at least sixty (60) days' notice in advance. At the end of said initial term, the agreement may be automatically renewed for one-year successive terms unless a party provides written notice of termination or non-renewal at least sixty (60) days prior to

effective date, provided that any student(s) currently assigned to the Facility at the time of notice of termination shall be given the opportunity to complete the clinical experience at the Facility, such completion not to exceed three months. This Agreement may be automatically assigned by Radford University.

The performance of the Preceptor Agreement by either party shall be subject to force majeure, including but not limited to acts of God, fire, flood, natural disaster, war or threat of war, acts or threats of terrorism, civil disorder, unauthorized strikes, governmental regulation or advisory, recognized health threats as determined by the World Health Organization, the Centers for Disease Control, or local government authority or health agencies (including but not limited to the health threats of COVID-19, H1N1, or similar infectious diseases), curtailment of transportation facilities, or other similar occurrence beyond the control of the parties, where any of those factors, circumstances, situations, or conditions or similar ones prevent, dissuade, or unreasonably delay the Clinical Rotation Experience, or where any of them make it illegal, impossible, inadvisable, or commercially impracticable to hold the Clinical Rotation Experience or to fully perform the terms of the Preceptor Agreement. The Preceptor Agreement may be cancelled by either party, without liability, damages, fees, or penalty, and any unused deposits or amounts paid shall be refunded, for any one or more of the above reasons, by written notice to the other party.

Preceptor address:

Email _____ Phone _____

Signatures:

Preceptor **Date**

Phil Crigger, Contract & Agreement Coordinator **Date**

Dr. Wendy Downey **Date**
Interim Dean, School of Nursing

Routing instructions:
Email the completed form to: _____