

INSTRUCTIONS

Complete a minimum of 120 hours of direct clinical supervision of nursing students in your certification specialty. Candidates must precept advanced practice nurses (CNP, CRNP, CNS, or CRN) to fulfill this state requirement. Please refer to the Certification Renewal Requirements at www.nursecredentialing.org/RenewalRequirements.aspx for descriptions of preceptor hours accepted. Keep this form with your records. You will need to submit it if you are selected for audit.

Return this form by mail to:

American Nurses Credentialing Center
Attn: Certification Registration
P.O. Box 8785

official e-verify number optional

applicant last name

first name

middle initial

Certification period

1. The individual name above has completed _____ hours of preceptorship for

_____ name of the educational institution and program e.g., University of _____, School of Nursing

2. He/She/They/It was/are for the preceptorship _____ here _____ to

his preceptorship was conducted with students in a

APRN Programs:

Undergraduate Nursing Program:

Residency/Fellowship:

Clinical nurse practitioner program a graduate nursing program _____ residency or fellowship
nurse practitioner program associates or diploma nursing program _____ or C. residency or fellowship
therapeutic nursing program specify

he/she/they/it was/are for this preceptorship was

he preceptorship was held in

_____ name of the hospital/institution/facility, city, state

supervisor name, credentials, and title please print

educational institution

program name

institution address

telephone number