CRN Preceptorship of RN Student or Clinical Research Professional Verification Form

To claim preceptorship hours for certification or recertification, you must complete this form. Use as many forms as necessary to record all preceptor sessions. The supervisor/coordinator or faculty member responsible for your preceptorship must verify the experience by signing this form. Credit will be given in blocks of 5 points only (e.g., the number of hours must total no less than 80 for the first 5 points and an additional 80 hours for the next 5 points).

_____ _____ _____

Candidate's First Name *MI* *Last Name*

Please list mentorships in chronological order by beginning date

(1) Month/Year of preceptor start	(2) Month/Year of preceptor end	(3) Preceptee Type	(4) Other Described	(5) Preceptee institute	(6) Total number of hours precepted	(7) Audit only
		Select One				
		Select One				
		Select One				
		Select One				
		Select One				
		Select One				
		Select One				
					0	

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My signature on this form affirms that the above-named clinical research nurse has completed at least 80 hours of preceptorship under my supervision.

_____ _____

Name *Electronic Signature*

_____ _____ _____

Title *Telephone Number* *Today's Date*