



## BACHELOR OF SCIENCE IN NURSING INTENT OF RELATIONSHIP

### **Student:**

I, \_\_\_\_\_, BSN student, verify that I have discussed the requirements of the practicum for \_\_\_\_\_ (class) with \_\_\_\_\_ (preceptor's name, title and credentials) who agrees to serve as a preceptor between \_\_\_\_\_ (beginning of experience) and \_\_\_\_\_ (end of experience) for \_\_\_\_\_ hours. My practicum schedule will follow the preceptor's schedule or will be arranged individually with the preceptor.

I have a current, valid RN license and am authorized to engage in the practice for which the license was issued. My license number is \_\_\_\_\_ and it expires on \_\_\_\_\_.

I am pursuing a \_\_\_\_\_ (degree) at \_\_\_\_\_ (university) and anticipate graduating in \_\_\_\_\_ (month/year).

### **Clinical Preceptor:**

I agree to serve as a clinical preceptor for the aforementioned Bachelor of Science in Nursing student and have received information regarding the requirements of the student's practicum. I am including my curriculum vitae (if requested) for your files. I understand that no compensation will be received for serving as a preceptor for this student.

The student has provided me with verification of current malpractice insurance: Yes\_\_\_\_ No\_\_\_\_

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_