



Preceptor Verification Form
RN-BSN, Master's and Doctorate Nursing Students
(Includes DNP, Nurse Administrator, Informatics & Nursing Education Programs)

This form must be completed prior to the start of a clinical experience in any Prisma Health setting.

Student Information

Full Name: _____ School: _____
Email: _____ Phone: _____

Nursing Faculty Contact Information

Full Name: _____ Phone: _____
Email: _____

Rotation Information

Dates of clinical experience: _____
Start Date End Date

Prisma Health Facility/Department/Practice: _____

Preceptor Information

Full Name: _____
Email: _____ Phone: _____

Verification of Preceptor's Responsibility

This certificate shall acknowledge that I am licensed to practice nursing or medicine in the state of South Carolina and that I am aware of the standards and scope of practice for nurses in South Carolina. I accept responsibility for the oversight of the above-named nursing student.

I understand that the Prisma Health nursing student cannot be the Principle Investigator (PI) on a Prisma Health study. As the verified Prisma Health preceptor, I would qualify to fulfill the role of PI, and as such, required to complete CITI training, which is required for a preceptor who must be named as an investigator on any project/study submitted by a student to the Prisma Health IRB.

The Prisma Health OHRP, or affiliate IRBs, will decide on the qualifications for PIs. PIs may be members of the Prisma Health medical professional staff, nursing staff, employees of Prisma Health, or a member of the faculty of one of the institutions affiliated with Prisma Health. Professionals in training (i.e., medical students, nursing students, students of affiliate institutions, or resident physicians) are not permitted to serve as PIs.

Preceptor's Signature & Credentials Printed Name Date

Completed form is to be uploaded **by student** into myClinicalExchange: www.myclinicalexchange.com.