**Preceptor Verification Form**

**Advanced Practice Nursing Students**

***(Nurse Practitioner, Clinical Nurse Specialist & Nurse Midwife functioning in APRN role)***

**Form must be completed prior to start of clinical rotation experience in any Prisma Health–Upstate setting**

**Student Name:** Click here to enter text. **School:** Click here to enter text.

**Nursing Faculty Contact Name:** Click here to enter text.

**Phone:** Click here to enter text. **Cell:** Click here to enter text.

**Email:** Click here to enter text.

**----------------------------------------------------------------------------------------------------------------**

**Dates of clinical experience (start/end):** Click here to enter text.

**Prisma Health–Upstate Facility/Department/Practice:** Click here to enter text.

**Prisma Health–Upstate Preceptor Name:** Click here to enter text.

**Phone:** Click here to enter text. **Cell:** Click here to enter text.

**Email:** Click here to enter text.

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**Verification of Physician’s Responsibility for Advanced Practice Students**

*This certificate shall acknowledge that I am licensed to practice medicine in the state of South Carolina, that I am aware of the standards of practice and any procedure specific protocols under which the advanced practice nursing student will be functioning pursuant to this affiliation agreement. I understand my responsibility to the APRN student and the Prisma Health–Upstate**in utilizing these standards in the care of all patients.*

*Supervising Physician signature*

*Print Name Date*

**Verification of Advance Practice Nurse’s Responsibility**

*This certificate shall acknowledge that I am licensed to practice nursing 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 the above named student for a clinical experience as an APRN nursing student.

*Supervising Advanced Practice Nurse Signature*

*Print Name Date*

**Completed form is to be uploaded by student into myClinicalExchange:** [**www.myclinicalexchange.com**](http://www.myclinicalexchange.com)