

**William Paterson University of NJ**  
**Department of Nursing – Graduate Program**  
**Wayne, NJ 07470**  
**973-720-3511**

**PRACTICUM / STUDENT/ PRECEPTOR INFORMATION REQUEST FORM**  
**DOCTOR OF NURSING PRACTICE PROGRAM**

**Submission Deadline Dates**

Spring Semester - Oct. 31      Summer Semester- March 31      Fall Semester - May 31

You are required to seek out a preceptor and a potential site for your practicum experience. The DNP student is required to select a clinical preceptor, with a minimum of a master's degree, outside of their current work setting. An exception may be in large organizations, for example, where the DNP student would be placed with a clinical preceptor outside the department or unit where they are employed. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Students are required to submit the Practicum/Preceptor Information Request Forms to Mrs. Jennings (by email at [jenningsj3@wpunj.edu](mailto:jenningsj3@wpunj.edu)) by the submission deadline dates. The Student & Preceptor Information Request Forms are only an agreement that the preceptor is willing and able to precept the student. It is **NOT** a contract. Please include the name, title and credentials of the prospective preceptor when filling out this form.

\* William Paterson University Graduate Nursing Programs does not provide honorariums for services as a preceptor.

Any changes, additions/deletion of clinical preceptors must be sent to Mrs. Jennings by email at: [jenningsj3@wpunj.edu](mailto:jenningsj3@wpunj.edu). Changes after the deadline may take an additional two months to complete the agreements and confirmation.

Upon receipt of this information, Mrs. Jennings will forward to the DNP practicum faculty for approval of the clinical site/preceptor. Upon approval of your preceptor by the DNP practicum faculty, a letter, Confirmation of Clinical Placement for Graduate Student, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. **(Until the signed Confirmation of Clinical Placement for Graduate Student is returned to our office, students are NOT to start their clinical.)** These Confirmation of Clinical Placement for Graduate Student are considered as “contracts” between the WPUNJ and the clinical preceptor/agency. It is the responsibility of the student to follow this process. Email Mrs. Jennings, [jenningsj3@wpunj.edu](mailto:jenningsj3@wpunj.edu) as to whether the preceptor/agency has sent back their agreements and certification requirements.

In addition, it is the responsibility of students to show proof of compliance on the Nursing Clinical Documentation Checklist required for clinical placements every semester **by the first day of the seminar/clinical**. The documentation is to be submitted to the **faculty teaching the course**. Generally, the clinical preceptor/agency does not ask for documentation but at times, they have requested them. You are not permitted to start clinical without full compliance to the clinical requirements.

Upon completion of the course, you must submit to the faculty teaching the course all completed logs (with clinical hour verification), preceptor/site evaluations, and evaluation of personal learning objectives. You will not receive a grade in the course until the submission and course requirements are completed.



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**Submission Deadline Dates**

Spring Semester Oct. 31 Summer Semester March 31 Fall Semester May 31

Date Submitted: \_\_\_\_\_ Semester \_\_\_\_\_

Student 855# \_\_\_\_\_ (Fall, Spring, Summer)

Student Name: \_\_\_\_\_

Practicum Course # NUR \_\_\_\_\_

Student's Place of Employment: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

\*Student fills out pg. 1, preceptor fills out pg. 2 & pg. 3

Send completed form to jenningsj3@wpunj.edu

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