

PRECEPTOR DOCUMENTATION FORM

**Preceptor
Name:**

**School or
Former work
area:**

Preceptee:

New work area:

**Preceptor Experience Objectives and Goals: (Answer: What will the learner be able to do after completing this experience?) List two or three SMART goals (Specific, Measureable, Achievable, Relevant, and Time Bound goals). A statement of a learning objective contains a verb (an action) and an object (usually a noun). See this site for assistance:
<http://www.celt.iastate.edu/teaching/effective-teaching-practices/revised-blooms-taxonomy>**

Date Worked	Hours Worked	Date Worked	Hours Worked

655 Iowa Administrative Code 5.2(5)d. Participation as a preceptor for a nursing student or employee transitioning into a new clinical practice area, for a minimum of 120 hours in a one-to-one relationship as part of an organized preceptorship program. A licensee shall maintain documentation issued by the institution supervising the student or employee demonstrating the objectives of the preceptorship and the hours completed. A preceptorship shall be recognized as 12 contact hours of continuing education.

As the supervisor of the above-named preceptor, I attest that the hours listed are true and accurate.

Name	Title
Facility Name	
Signature	Date (mm/dd/yyyy)