



PRECEPTORSHIP FORM

Print as many copies of this form as needed to complete Preceptorship documentation.

Certificant Name: (Please print)	Last 4 of SSN:	Certification Expiration Date: (mm/dd/yy)
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AANPCB Certification # (begins with A, E, F, G, or AG):	
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Dates for this preceptorship were:	From:	To:		
Total # Preceptor Hours:		Convert to CE Credits*		= Total # CEs:

* Preceptor Hours Conversion Table is located in the *NP Recertification/ Certificant Handbook*

Practice Site Name:
Address:
City, State, Zip:
The Preceptorship was conducted with students enrolled in an:
1. APRN Program: <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Clinical Nurse Specialist
2. Interprofessional Educational (IPE) Program: <input type="checkbox"/> Medicine <input type="checkbox"/> Dentistry <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other:
Specialty Area /Population Focus for this preceptorship:
Number of Students Precepted:
Educational Institution:
Educational Address:
Educational Program Name:
Faculty Coordinator Name & Credentials:
Faculty Coordinator Email:
Contact Phone Number:

ATTESTATION STATEMENT OF PRECEPTOR HOURS

*I have reviewed the policies regarding Recertification and Maintenance of Certification and understand my responsibilities and renewal options for AANPCB certification. I certify that all the information I have provided on this **Preceptor Form** is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in my not being able to use preceptor hours for the renewal of my AANPCB certification. I understand that the information I have provided is subject to audit and AANPCB reserves the right to request additional supporting documentation for validation of preceptorship my precepting information. Failure to respond to a request for further information could result in the expiration of my certification or other appropriate action as per AANPCB National Certification Board Policies and Procedures.*

Signature: _____

Date: _____