

## AANPCB PRECEPTORSHIP FORM

**Important Information:**

- Include this form with your Renewal of Certification application
- Name must exactly match legal identification used for AANPCB certification
- **Preceptor Hours Conversion Table\*** may be found in the **Certificant & Candidate Handbook**
- Please Print Neatly

Name: \_\_\_\_\_  
First
Middle
Last

Month & Day of Birth (mm/dd): \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

AANPCB Certification # (begins with A, F, G, or AG): \_\_\_\_\_

Practice Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dates for this preceptorship were: From: \_\_\_\_\_ To: \_\_\_\_\_

Total # Preceptor Hours = \_\_\_\_\_ Conversion to Continuing Education Credits\* --> Total # CEs = \_\_\_\_\_

The Preceptorship was conducted with students enrolled in an:

APRN Program:       Nurse Practitioner       Nurse Anesthetist       Nurse Midwife       Clinical Nurse Specialist

Interprofessional Educational (IPE) Program:       Medicine       Dentistry       Pharmacy       Other:

Specialty Area /Population Focus for this preceptorship: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Faculty Coordinator Name & Credentials: \_\_\_\_\_

Faculty Coordinator Phone Number & Email address: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Educational Address: \_\_\_\_\_

Program Name: \_\_\_\_\_

**ATTESTATION STATEMENT OF PRECEPTOR HOURS FOR RENEWAL OF CERTIFICATION**

*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 provided is subject to audit. 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:** \_\_\_\_\_