



PRECEPTORSHIP ADVISORY COMMITTEE

**Washington
State Board of
Nursing**

**October 17th
2023**

Gerianne Babbo

Ed.D., MN, RN,

Director for

Nursing Education,

WABON

Introductions

Please share in the chat what
your most daring adventure
has been!





Role and Goals of the Advisory Committee

The **role** of the Advisory Committee is to provide current knowledge, critical thinking, and analysis to increase the confidence of the decision makers.

The **goals of the Advisory Committee:**

- Share perspectives/insights regarding the WSSNPG Program
 - Promote continuous quality improvement of the WSSNPG Program
 - Share preceptorship data and analysis
 - Provide suggestions as the program evolves
 - Promote the WSSNPG program in the community
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Goal of the WSSNPG Program

The **goal** of the preceptorship grant program is to help reduce a shortage of health care settings for students to conduct their clinical hours and bring more nurses into the WA state workforce.

The 2024-2025 SSB 5582 WA Legislature provided funding of \$3 million dollars per fiscal year in the supplemental budget to the WABON to set up a grant program to provide funding to nurses who volunteer to precept nursing students in health care settings.

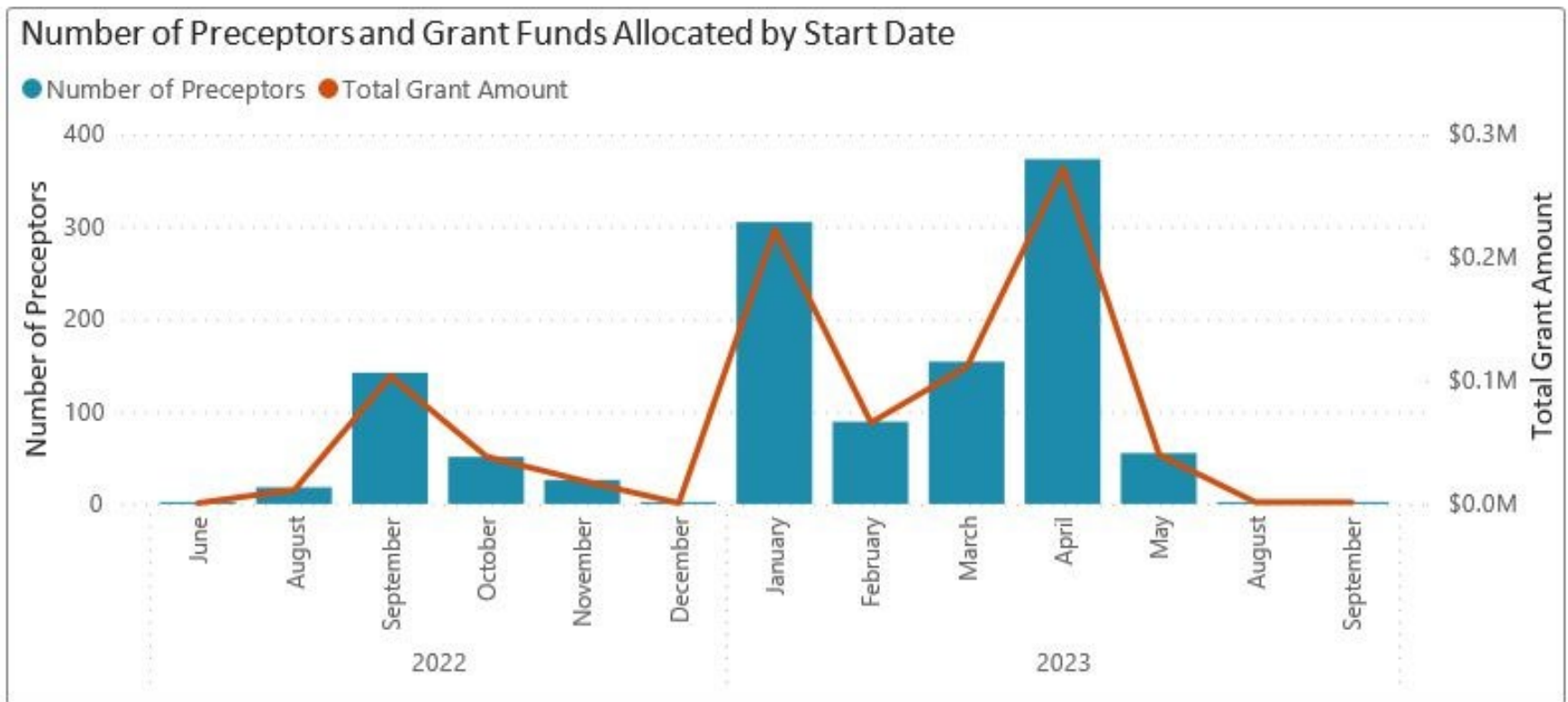
Data Presentation Analysis

Mary Sue Gorski, PhD, RN,
Director of Research and Advanced Practice

Emma Cozart
Data Consultant

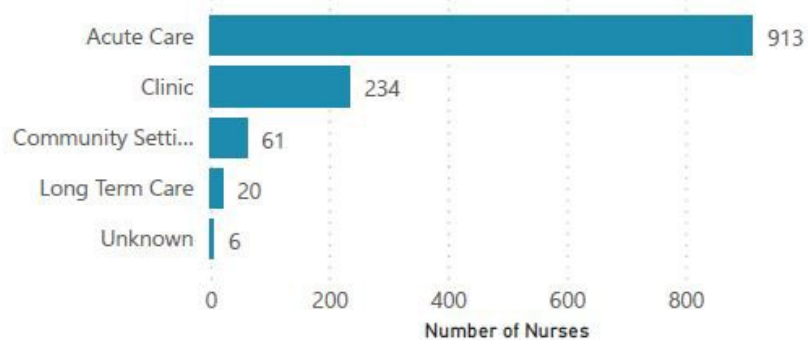
Trend of Preceptor Submissions

Grant submissions monthly

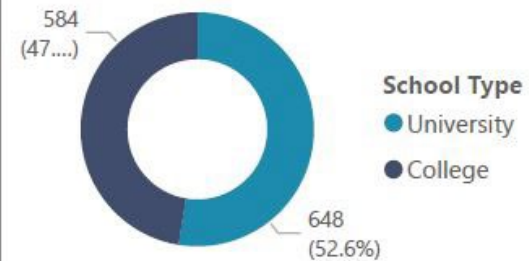


Student Data

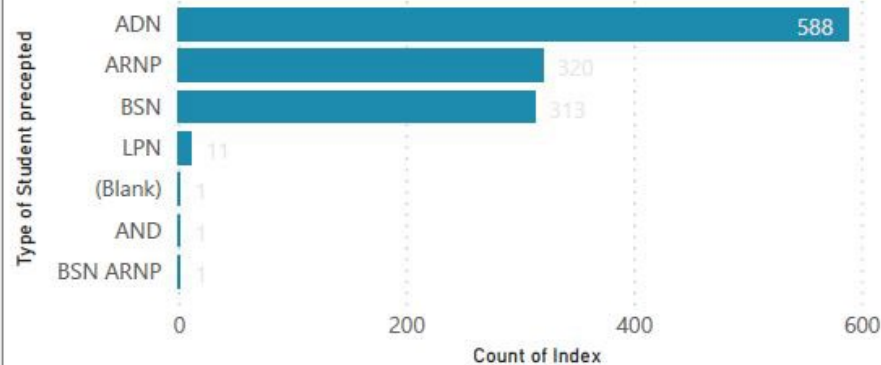
Number of Preceptors by Facility Type



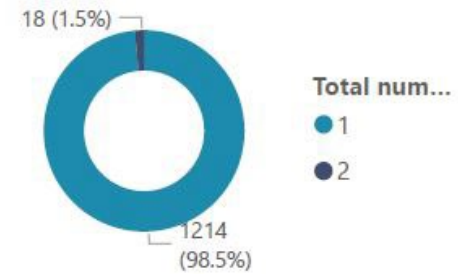
Number of Preceptors by School Type



Number of Preceptors by Types of Students Precepted



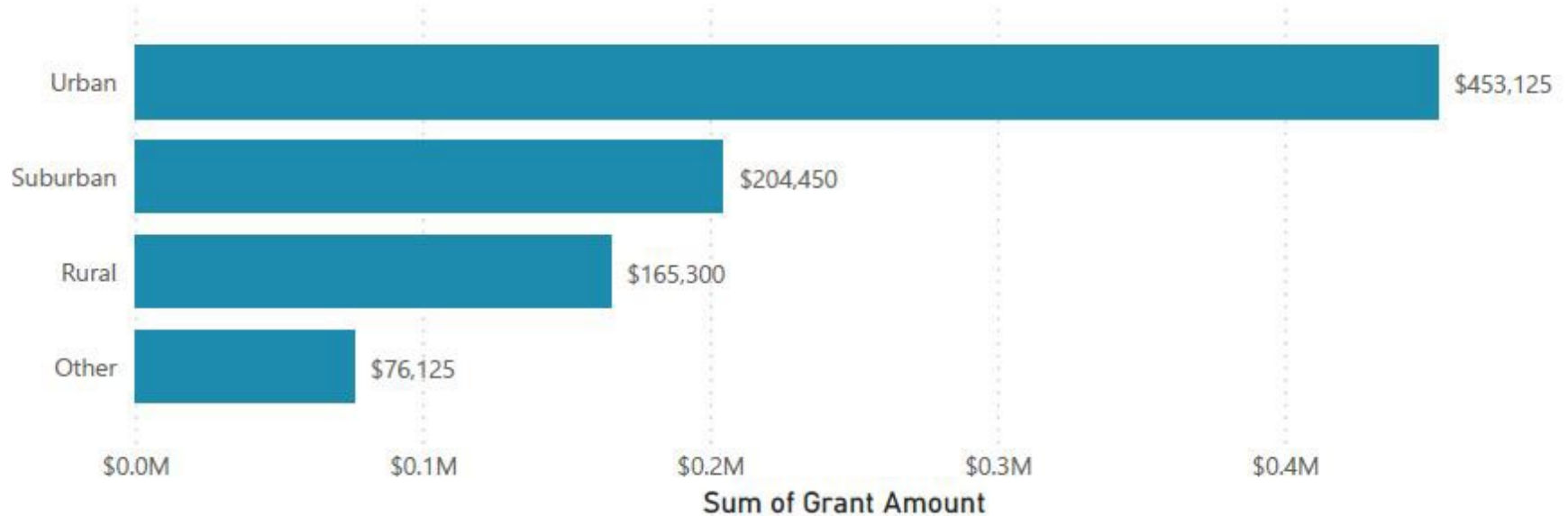
Number of Students Per Preceptor



Geographic Areas

Grant Money Disbursed: Urban, Suburban, and Rural Areas as of July 2023

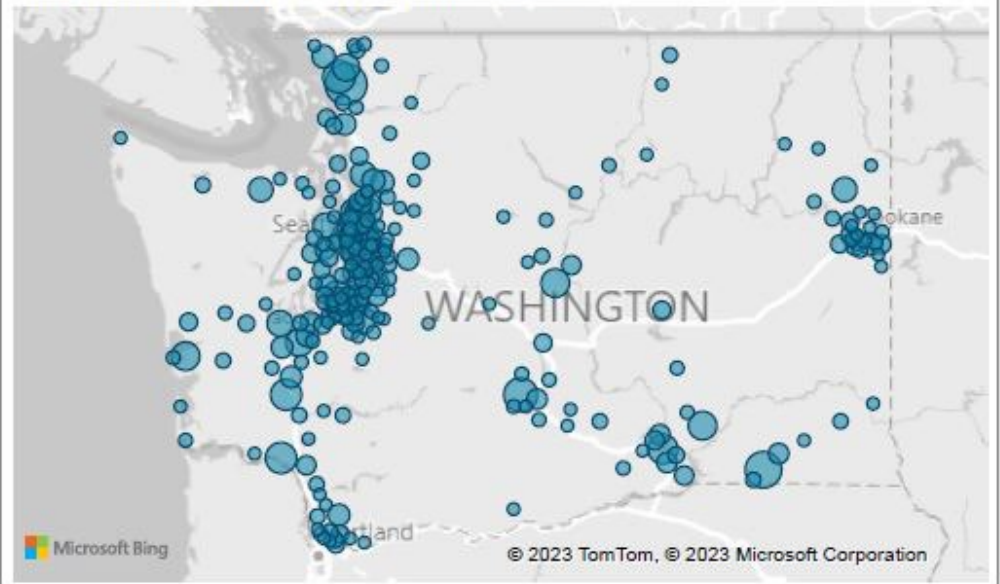
Total Grant Amount by School's Geographic Area



Funds Across the State

Critical Access Hospitals	Total Grant Amount
▲	
Cascade Medical Center	\$725
Jefferson Healthcare	\$725
Mason General Hospital	\$725
North Valley Hospital	\$725
Ocean Beach Hospital	\$725
Prosser Memorial Health	\$725
Three Rivers Hospital	\$725
Whitman Hospital & Medical Center	\$725

Allocated Funds Across the State



Nursing Education Program Participation

List of schools who participated

School Name	Geographic Area	Number of Preceptors	Total Hours Precepted	Total Grant Amount
University of Washington	Urban	167	19318	\$121,075
Washington State University	Other	101	12857	\$74,675
Pacific Lutheran University	Suburban	91	15508	\$66,700
Gonzaga University	Urban	86	12162	\$65,975
Seattle University	Urban	85	12660	\$63,075
Seattle Pacific University	Urban	52	7709	\$38,425
Walla Walla Community College	Rural	51	4875	\$36,975
Olympic Community College	Urban	44	5265	\$31,900
Lake Washington Institute of Technology	Suburban	41	5910	\$29,000
Clark Community College	Urban	39	4005	\$28,275
Bellingham Technical College	Suburban	38	5640	\$27,550
Lower Columbia College	Rural	38	4763	\$27,550
Columbia Basin College	Urban	32	4307	\$22,475
Everett Community College	Suburban	29	3739	\$21,750
Whatcom Community College	Urban	29	3412	\$21,025

Nursing Education Programs Participation

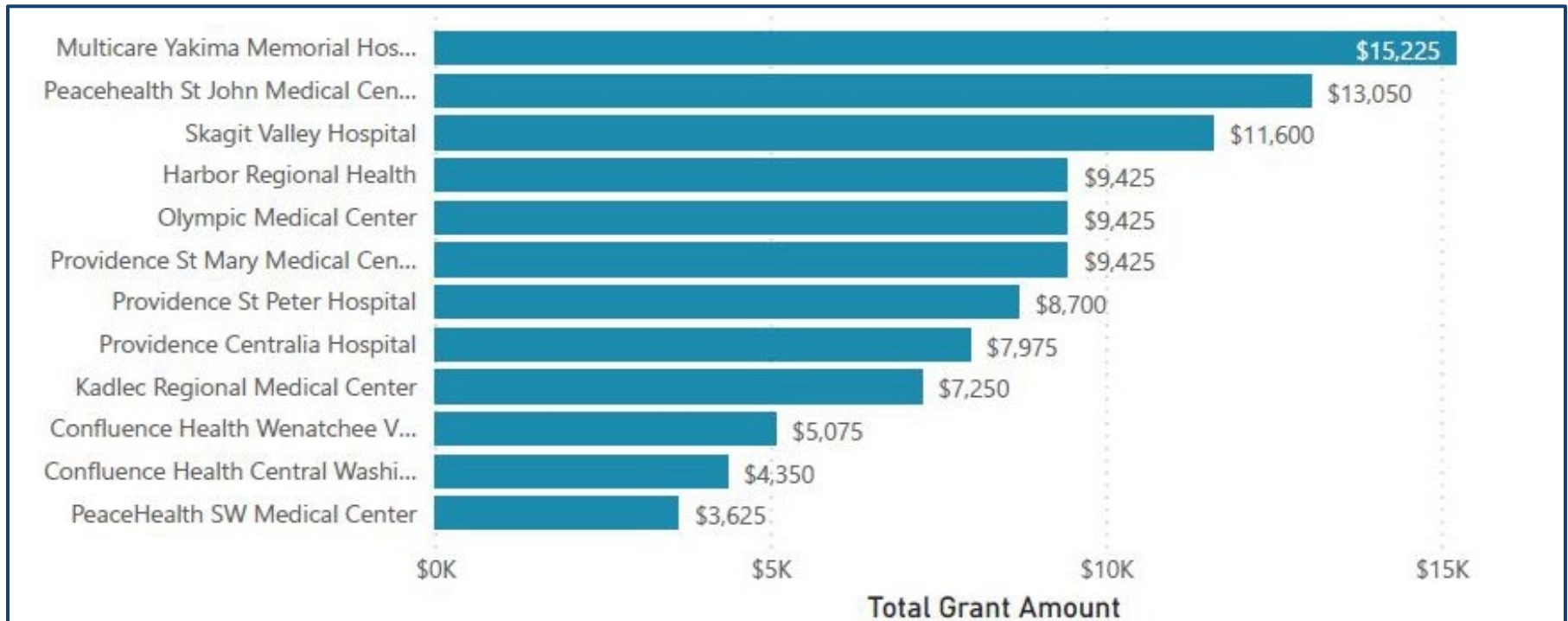
List of schools who participated

School Name	Geographic Area	Number of Preceptors	Total Hours Precepted	Total Grant Amount
Wenatchee Valley Community College	Rural	28	3743	\$20,300
Yakima Valley Community College	Rural	27	2873	\$19,575
St Martins University	Suburban	26	2707	\$18,850
Bellevue College	Urban	24	2719	\$17,400
Grays Harbor College	Rural	24	3843	\$17,400
Tacoma Community College	Urban	23	3708	\$16,675
Skagit Valley College	Rural	20	1760	\$15,225
Spokane Community College	Urban	21	3077	\$15,225
Peninsula Community College	Rural	18	2304	\$13,775
Northwest University	Suburban	16	1844	\$11,600
Renton Technical College	Suburban	16	1932	\$11,600
South Puget Sound Community College	Urban	16	3069	\$11,600
Centralia College	Rural	10	1135	\$7,250
Highline College	Suburban	10	1378	\$7,250
Pierce Community College	Suburban	9	1256	\$6,525
Heritage University	Rural	6	971	\$4,350
Edmonds Community College	Suburban	4	449	\$3,625
Big Bend Community College	Rural	4	528	\$2,900
Walla Walla University	Other	2	188	\$1,450

Rural Nursing Programs Submissions

Rural School	# Students Precepted	Total Hours	Total Grant Money
Big Bend Community College	4	188	\$2,900
Centralia College	10	1135	\$7,250
Gray's Harbor Community College	24	3843	\$17,400
Heritage College	6	971	\$4,350
Lower Columbia Community College	38	4763	\$27,550
Peninsula Community College	18	2304	\$13,775
Walla Walla Community College	51	4875	\$36,975
Wenatchee Valley Community College	28	3412	\$21,025
Skagit Valley Community College	20	1760	\$15,225
Yakima Valley Community College	27	2873	\$19,575
	226	26,124	\$166,025

Top Facilities for Rural Schools





Data Discussion

Mary Sue Gorski, PhD, RN,
Director of Research and Advanced Practice



Updates and Quality Improvements During Academic Year 2022-2023

Helen Budde
Grant Specialist

Overview Academic Year 2022-2023

The preceptor program launched mid-October 2023.

The fiscal year 2022-2023 closed June 2023. (Fall 2022-Spring 2023 academic year)

1583 preceptor experiences/students precepted.

Left-over funds in the final process for distribution to preceptors.

Amount distributed approximately \$5.5 million for total preceptorship incentives.

QI Improvements During Academic Year 2022-2023

With the passage of SSB 5582, “increased clinical opportunities shall be achieved through reducing the required number of qualifying hours of precepting clinical instruction per student from 100 to 80.”

Opened ARNP participation from first quarter of the first clinical to the first and last clinical.

ARNP participation opened to Fall 23, Winter 23, Spring 24 quarters.

Participants could retroactively apply for incentive money.



Quality Improvements

- Be sure to check deadline information and updates via website and emails
 - Upcoming changes to submission processes (Winter Quarter)
 - New forms for Deans/Directors and Preceptors
 - Preceptors and Deans will send forms separately
 - Dean responsible for sending their portion.
 - Preceptor responsible for sending their portion.
 - **Reimbursement amount increased to \$1000.00 starting Fall 2023**
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Preceptor To-Do List

Apply for an Incentive Payment

- **Register for a Statewide Vendor Number (SWV)**
 - Register for the Statewide Vendor Number with the Office of Financial Management (OFM) at [OFM.WA.GOV](https://ofm.wa.gov)
 - To receive incentive reimbursement, you must have the SWV registered to you personally as an individual/sole proprietor
 - **Obtain Form and Complete** (Fall 2023)
 - Obtain Certification of Hours (COH) form, with the first page completed and signed, from the dean or director of the student's nursing program
 - Complete and sign the preceptor portion of the COH form (page 2-3). Forms with missing information will be returned to you.
 - **Email your to** PGverifications@doh.wa.gov
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Important Information for Preceptors

Statewide Vendor Number (SWV)

- To receive the incentive payment the preceptor must have a SWV. The name registered to the SWV must be the same as the preceptor's name listed on the Certification of Hours form.
- Potential preceptors should apply for the SWV in the beginning of the quarter. It takes 2-3 weeks to receive the SWV from the Office of Financial Management (OFM.WA.GOV).
- The SWV will be emailed to you if you supply an email to OFM.

Deadline for Spring is June 25, 2024

- All deadlines are firm. Fiscal year closes on June 30th, 2024.

Tips on Registering for your Statewide Vendor Number

- Preceptors please do not provide your employers information on this form.
- Unless otherwise marked do not skip any questions. If the registration is missing any information OFM will not complete your registration and you will not receive a vendor number.
- These instructions are not intended to replace any instructions provided directly from OFM. If you need further assistance with this form, please reach out directly to OFM's customer service team.

Part B – Vender/Payee Registration

1. Your legal name as shown on your income tax return
2. **Skip #2** you cannot be paid by the Commission using a business SWV
3. Check: Individual/Sole Proprietor only
4. **Skip #4**
5. Your personal address on file with the IRS
6. City, State, Zip
7. Check: For individuals, this is your social security number. Fill in Social Security Number
8. Sign the form



Office of Financial Management
Better information. Better decisions. Better government. Better Washington.

PLEASE DO NOT STAPLE

Vendor/Payee Registration Form

PART A – Contact Details

Mailing Address: _____
 City, State, Zip: _____
 Contact Name: _____
 Telephone Number: _____
 Email Address: _____

Part A: The name registered must be the same as the preceptor's name listed on the Certification of Hours form.

PART B – Vendor/Payee Registration

Request for Taxpayer Identification Number and Certification – Substitute Form W-9

1. Legal Name (as shown on your income tax return): _____

2. Business Name, if different from Legal Name above – e.g., Doing Business As (DBA) Name: _____
 n/a

3. Check **ONLY ONE** box:

- | | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor) | <input type="checkbox"/> Lived Experience - Class 1 | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp) | <input type="checkbox"/> Board/Committee member | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Federal Government (including Tribal) | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Partnership (Includes LLC) | <input type="checkbox"/> Trust/Estate |

4. For Corporation or Partnership ONLY, check one box below if applicable:

- Medical Attorney/Legal

5. Legal Address (number street and apt or suite no) This should be the address on file with the IRS: _____

6. City, State, Zip: _____

7. Tax Identification Number (TIN) PLEASE CHECK ONE

- For individuals, this is your social security number (SSN)
 For other entities, this is your employer identification number (EIN)

Enter your EIN or SSN (do NOT enter both):

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8. Certification

Under penalty of perjury, I certify that

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person, including a U.S. resident alien (defined in the W-9 instructions to be found at www.irs.gov), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Please note this form does not include a FATCA exemption code field, and therefore item 4 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

DOCUSIGN will allow you to sign electronically.

SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures)

Date: This form is valid for 90 days

Draft of Preceptor Hours Reporting Form

Washington State Board of Nursing Preceptor Hours Reporting Form

For information about deadlines, how to apply for a Statewide Vendor Number or for help completing this form please visit the Preceptor Program Webpage at: <https://nursing.wa.gov/education/student-nurse-preceptor>.

- **Deadlines apply for all submissions and submissions after the deadline cannot be processed.**
- **Apply for a Statewide Vendor Number at the beginning of the preceptorship.**
- Submit form as soon as you complete 80 hours of preceptorship.
- It is the responsibility of the preceptor to complete and submit the form by the deadline.
- Answer every question unless listed as optional.
- Out-of-state nursing program students are not eligible for reimbursement, even if the clinical hours take place in Washington.
- **You must be an LPN, RN, or ARNP to qualify for reimbursement.**

PRECEPTOR INFORMATION

Preceptor Name (Last, First, MI): Click or tap here to enter text.		
Statewide Vendor Number (SWV) (REQUIRED): Click or tap here to enter text.		
The Commission is unable to issue payments to preceptors without a SWV. Please apply with the Office of Financial Management (OFM) and get a SWV number prior to sending in the preceptor hour reporting form. Please register for the SWV as an individual with a social security number. We cannot make payments to a business even if you are the business owner.		
Last 4 Digits of Social Security Number:		
Healthcare License Number: Click or tap here to enter text.		
Birthdate: Click or tap here to enter text.		
How do we contact you? Please provide most current information.		
Email Address: Click or tap here to enter text.		
Mailing Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip Code: Click or tap here to enter text.
Phone Number: Click or tap here to enter text.		
Optional Demographic Questions.		
Which category best describes your gender: Choose an item.	What category best describes your race/ethnicity: Choose an item.	

PRECEPTORSHIP INFORMATION

When and where did the preceptorship occur?		
Year: Choose an item. Academic Quarter: Choose an item.		
Name of Facility: Click or tap here to enter text.	City: Click or tap here to enter text.	State: Click or tap here to enter text.
Type of Facility: Choose an item.		
You may report preceptor hours for two students per academic quarter. Please list student information below.		
Total number of students precepted: Choose an item.		
Student #1 name of school:	Student #1 initials: Click or tap here to enter text.	Student #1 hours precepted: Click or tap here to enter text.
Student #2 name of school: Click or tap here to enter text.	Student #2 initials: Click or tap here to enter text.	Student #2 hours precepted: Click or tap here to enter text.

MISC

<p><u>WAC 246-840-533</u>, defines a nursing preceptor as a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets specific requirements. Please check the box next to each item below to confirm that you meet the requirements as outlined in the WAC:</p> <p><input type="checkbox"/> I have an active, unencumbered nursing license and have at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing.</p>

- | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I was oriented to the written course and student learning objectives prior to beginning the preceptorship.
<input type="checkbox"/> I was oriented to the written role and expectations of faculty, preceptor, and student prior to beginning the preceptorship.
<input type="checkbox"/> I am not a member of the student's immediate family, as defined in RCW 42.17A.005(27).
<input type="checkbox"/> I have no financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Receiving a financial incentive was a key factor in becoming a student nurse preceptor: Choose an item.

By signing my name below, I am attesting that the information included in this form is true and correct to the best of my knowledge.

PRECEPTOR SIGNATURE: Click or tap here to enter text. DATE: Click or tap to enter a date.

PLEASE SUBMIT THE COMPLETED FORM BY THE DEADLINE POSTED ON OUR WEBSITE

<https://nursing.wa.gov/education/student-nurse-preceptor>

SUBMIT THIS FORM BY EMAIL TO: PGverifications@doh.wa.gov

OR BY SELECTING THE SUBMIT BUTTON BELOW

SUBMIT

- We are currently working on ways to report preceptorship hours more efficiently for our nurses.
- We are researching the best platform for the COH questions.

Recommended Signature Method

Washington State Board of Nursing
NCQAC
Nursing Quality Assurance Commission

For use by Preceptor Program Only
Non-serial loop form

WA State Nurse Preceptorship Grant Certification of Hours Form

Nursing Education Program please complete this section, sign, and give form to preceptor upon completion of the preceptorship:

1. Name of Nursing Program: Community College/Technical College <input type="checkbox"/> University <input type="checkbox"/>		
2. Faculty Responsible for Oversight of the Student Preceptorship:		
3. Dean/Director Name:		
4. Email:		
5. Phone:		

6. Name of Preceptor:	Last Name:	First Name:
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7. Term of Preceptorship:	Fall 2023 <input type="checkbox"/> Winter 2024 <input type="checkbox"/> Spring 2024 <input type="checkbox"/> Summer 2024 <input type="checkbox"/>
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**If two students were precepted—please show a minimum of 80 hours for each student precepted to qualify for reimbursement AND provide student initials for reference. **Reimbursement is for precepting prelicensure students in the last term prior to graduation, and ARNP students in the first term of the first clinical experience of the nursing program.*

8. Student #1 Initials*:	Hours Precepted:	Start/End Date:
Type of student precepted: LPN <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> ARNP <input type="checkbox"/>		

9. Student #2 Initials*:	Hours Precepted:	Start/End Date:
Type of student precepted: LPN <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> ARNP <input type="checkbox"/>		

I attest that the above information, to the best of my knowledge, is correct and complete. I understand that the Nursing Commission may request more information, if needed, to evaluate the preceptor's eligibility. My signature confirms that the above-named preceptor has met the qualifying minimum of 80 hours per precepted student, which makes the preceptor eligible for the Preceptor Grant incentive.

Dean/Director Signature (*Required): /s/Jane Doe, MSN	Date: 10/06/2023
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**Preceptors, the Dean or Director of the student's educational program must sign in this signature block. Please do not sign your name here. Instead place your signature in the signature block on page 3 of this form only.*

Once the COH form is complete, please send by email to PGVerifications@doh.wa.gov.

Rev. 10/02/2023

Use signature tool

Or use */s/ method*, known as conformed signature to sign

I attest that the above information, to the best of my knowledge, is correct and complete. I understand that the Nursing Commission may request more information, if needed, to evaluate the preceptor's eligibility. My signature confirms that the above-named preceptor has met the qualifying minimum of 80 hours per precepted student, which makes the preceptor eligible for the Preceptor Grant incentive.	
Dean/Director Signature (*Required): /s/Jane Doe, MSN	Date: 10/06/2023

**Preceptors, the Dean or Director of the student's educational program must sign in this signature block. Please do not sign your name here. Instead place your signature in the signature block on page 3 of this form only.*

Summary and Next Steps for Implementation of SSB 5582

Victoria L Hayward, MSN, RN, CNOR,
Nursing Education Consultant, WABON

Substitute Senate Bill 5582

- In 2023, SSB 5582 passed and provided three million dollars of the general fund-state appropriations budget to the WABON for 2024 and 2025 fiscal years to bring nurses into WA state workforce.
- Focus on acute shortage areas including rural, underserved communities, and long-term care facilities.

Strategies for Marketing and Advertising

- Informational meetings with educational departments, leadership and staff
- Flyer with QR code [Preceptor promotional flyer](#) (PDF)
- Preceptor website with various resources: preceptor modules, video, links to statewide vendor site (DocuSign) [Student Nurse Preceptor | WA Board of Nursing](#)
- GovDelivery Communications and DOH Weekly Bulletin
- Considering mass mail out to all active nurses in WA state with preceptor reimbursement information and resources
- Research Team assisting with data analysis for quality improvements and future dashboard

Important Deadlines

Reimbursement cycles	Preceptorship end date	Documentation deadline*
Summer	July 1 - August 31	September 15
Fall	September 1 - December 31	January 15
Winter	January 1 - March 31	April 15
Spring	April 1 - June 30	June 25

Current Deadline
All documentation must be completed and submitted by January 15th.

- Preceptors are encouraged to submit the certification of hours form as soon as possible after the preceptorship ends.
- For Summer, Fall and Winter quarter all documents are due in our office within about 15 days from the end of the quarter.
- For **Spring Quarter** all documents are due in our office by mid-June, due to fiscal year deadline.

Check out WSSNP website frequently for up-to-date information

The website include information such as:

- Requirements to be a student nurse preceptor
- How to qualify for reimbursement
- How to apply for reimbursement
- Reimbursement cycles
- Reimbursement resources
- FAQ
- Our contact information



<https://nursing.wa.gov/education/student-nurse-preceptor>

Preceptor Resources

- Preceptors: Helping new nurses transition to practice (New Upload)
- Free self-paced learning module from WABON.
- Placed materials created by Shandra L. James, DNP, RN, and the National Council of State Boards of Nursing (NCSBN) on the website.
- Overview of the wide range of roles and responsibilities of the preceptor and suggestions about how to fulfill each role.
- Go to course: [Preceptors: Helping New Nurses Transition to Practice](#)
- Preceptor Education Program (PEP)
- Free self-directed interprofessional program created by Western University in Canada.
- 8 interactive learning modules for preceptors and preceptees
 - Modules include downloadable resources, learning exercises, video case scenarios, and references.
 - Go to modules: [Preceptor Education Program \(PEP\)](#)

Preceptor Team Members

- Victoria Hayward MSN, RN, CNOR,
Nurse Consultant
- Victoria.Hayward@doh.wa.gov
- Cell phone: (564) 669-1016

- Helen Budde, Preceptor Specialist
- Helen.Budde@doh.wa.gov

- Kaknika Pisith, Administrative
Assistant
- Kaknika.Pisith@doh.wa.gov
- Cell phone:(564) 669-4870

Summary and Next Steps

- The goals of the Advisory Committee have been met!

Shared perspectives/insights regarding the WSSNPG Program

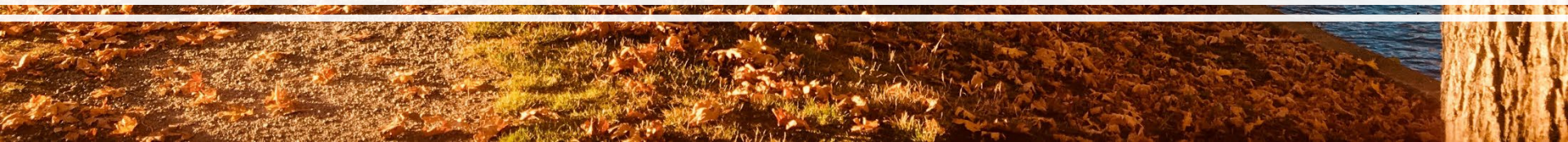
Promoted continuous quality improvement of the WSSNPG Program

Provided suggestions in WSSNPG program evolving process

- Next meeting will be Spring/Summer pending data analysis
- Thank you for sharing your time and expertise today!



Thank-You for Attending!





To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.