Washington State Board of Nursing
Preceptor Verification of Hours Form

A) Nursing Program/School (Please provide the Complete Name): _____

***Please note not eligible for grant**:

- **Out of state schools**
- **RN, LPN, ARNP Refresher Clinical Course**
- **RN to BSN programs**
- **MSN/DNP/PhD programs that are not ARNP nursing programs**

B) Type of School (please check one): **Community/Technical College** ☐ **University** ☐

C)Academic Quarter: Choose an item.

D) Preceptor Last Name, First Name	**E) Student Full Name (Last, First)**	**F) What Type of Student**	**G) Preceptorship Start date** (MM/DD/YY)	**H) Preceptorship End date** (MM/DD/YY)	**I) Total number of hours precepted**
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			
		Choose an item.			

☐ **J)** Each preceptor listed above completed a minimum of 80 hours per student. **(If No-the preceptor is not eligible and you should not include them in the above list)**. Hours may not be combined from two students to equal 80 hours.

☐ **K)** Every student listed above was either a **prelicensure** student in their **last term** prior to graduation; or an **ARNP** student in **any clinical experience** of the nursing program. ***(If No-the preceptor is not eligible and you should not include them in the above list)***

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.

L) /s/_____
Signature of Nursing Program Director or Dean (typewritten signatures are preferred)

Please email completed form to WA State Board of Nursing Preceptor Program: PGverifications@doh.wa.gov
For questions, please visit our website: **WABONPreceptorship@doh.wa.gov**

Revised 1/9/2024

Directions to Complete Washington State Board of Nursing Preceptor Verification of Hours Form

- Complete as many Preceptor Verification of Hours forms needed to attest to the preceptor clinical hours.
- If a preceptor has more than one student, please write their name on two separate lines with each student's full name, preceptorship start, and end date and hours completed.
- All questions need to be completed.

A. Please write complete name of the nursing school
B. Select the type of nursing program
C. Select the academic quarter from the dropdown list
D. Full legal name of preceptor (Last, First)
E. Full legal name of student (Last, First)
F. Select the type of student from the dropdown list (LPN, ADN, BSN, ARNP)
G. The start date of the preceptorship clinical experience (MM/DD/YY)
H. The end date of the preceptorship clinical experience (MM/DD/YY)
I. The total number of hours precepted
J. Check box to attest each preceptor met the minimum 80 hours per student
K. Check box to attest every student listed above was either a **prelicensure** student in their **last term** prior to graduation; or an **ARNP** student in **any clinical experience** of the nursing program. (**If no, the preceptor is not eligible, and you should not include them in the above list.)**
L. Attest by signature of nursing program Director or Dean (typewritten signatures are preferred) that all information is accurate.
M. Email completed form by specified deadline listed on the Preceptor Webpage PGVerfications@doh.wa.gov