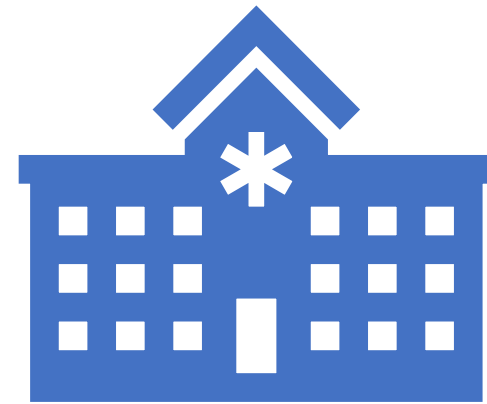


Washington State Student Nurse Preceptorship Grant (WSSNPG)

Winter 2024 Updates
Changes to the Submission
Process



Substitute Senate Bill 5582

Provided three million dollars of the general funds-state appropriations budget to the WABON for 2024 and 2025 fiscal years for preceptor grant program

Focus on acute shortage areas including rural, underserved communities, and long-term care facilities

The Goals of the Grant Program

Monetary Incentive to Precept

Increase Numbers of Preceptors

Increase Clinical Placement Sites

Bring More Nurses into WA Workforce



Nursing Preceptor Requirements

Washington Administrative Code (246-840-533)



Active, unencumbered
state nursing license



At least one year of
clinical or practice
experience



Precept nursing students
at or above the level the
student is preparing



Orientation to written
course objectives,
student learning
objectives and role
expectations before start
of preceptorship



No conflict of interest
that will impact duties to
impartially supervise
nursing students



In addition, preceptors
should be approved to be
a nursing preceptor for
nursing students by
employer

Who is Eligible?

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LPN

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RN

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ARNP

Eligible Practice Sites for Student Nursing Clinicals

- An eligible practice site is a clinical site that has been approved by a WA State public or private not-for-profit nursing education program for student clinical practice
- The nursing education program and the clinical facility must have a current clinical affiliation agreement



Required Completion Hours for Prelicensure Nurse Preceptors

- Meet **WAC 246-840-533** eligibility criteria
- Precept RN or PN students enrolled in a licensed and accredited **WA public or private not-for-profit school of nursing**
- Complete a minimum of **80** hours of clinical practice instruction per student in the **last term** prior to graduation during the preceptorship clinical course
- **Out of state** nursing school programs **do not qualify** for the incentive even if clinical hours are completed in WA state

Required Completion Hours for Advanced Registered Nurse Practitioner Preceptors

- Meet WAC **246-840-533** eligibility criteria
- Precept ARNP students enrolled in a licensed and accredited **WA public or private not-for-profit school of nursing**
- Complete a minimum of **80** hours of clinical practice instruction per student in **any term** clinical experience of the program
- **Out of state** nursing school programs **do not qualify** for the incentive even if clinical hours completed in WA state

Eligibility Requirements

- **Not eligible for the grant:**
 - Out of state nursing programs
 - Refresher clinical courses
 - RN-BSN programs
 - MSN/DNP/PhD programs that are not ARNP nursing programs
- **Local, State, and Federal government nursing employees:**
 - Should confirm eligibility for the preceptorship grant program
 - Consider contacting the employer prior to submitting application to verify eligibility to participate

Updated Process Starting Winter Quarter 2024

- Deans & Directors will submit a **Preceptor Verification of Hours form** directly to the preceptor program for all preceptors that qualify to PGVerifications@doh.wa.gov
- Preceptors will complete the **Preceptor Hours Reporting form via Survey Monkey** link on the preceptor webpage
- All submissions must be received by the stated due date located on the preceptor webpage: [Student Nurse Preceptor | WA Board of Nursing](#)

Washington State Board of Nursing Preceptor Verification 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 Programs
- 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: [Nurse Preceptor Program Website](#)

- The Preceptor Verification of Hours form will be located on the Deans/Director page
- Can list up to ten students per form
- For preceptorship start and end date, the standardized quarter/semester dates can be used
- Can submit form as preceptors complete the qualified hours

Completing Preceptor Verification of Hours Form

- Complete as many Preceptor Verification of Hours forms needed to attest to the preceptor clinical hours with the nursing students
- If a preceptor has more than one student, write the 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

Completing Preceptor Verification of Hours Form

- Write the complete name of the nursing school
- Select the type of nursing program
- Select the academic quarter from the dropdown list
- Full legal name of the preceptor (Last, First)
- Full legal name of the student (Last, First)
- Select the type of student from the dropdown list (LPN, ADN, BSN, ARNP)

Completing Preceptor Verification of Hours Form

- The **start date** of the preceptorship clinical experience (MM/DD/YY)
- The **end date** of the preceptorship clinical experience (MM/DD/YY)
- The **total** number of **hours** precepted
- Check box to attest each preceptor met the minimum **80 hours** per student
- 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 the answer is no, the preceptor is not eligible, and you should not include them in the above list
- **Do not submit if the preceptor has completed less than 80 hours**

Submission of Preceptor Verification Hours Form

- **Attest** by signature of nursing program Dean or Director (typewritten signatures are preferred) that all information is accurate
- **Email** completed form by specified deadline listed on the Preceptor Webpage to PGVerfications@doh.wa.gov
- Preceptors will not have payments processed until the Deans/Directors form is received and verified with preceptor's submission

Questions

