**WA State CRNA Student Nurse Preceptorship Grant**

**2024-2025 Academic Year Guidelines**

**\*Effective 2024-2025 Reimbursement Cycle**

**Background and Purpose**

The 2024 Washington Legislature passed Engrossed Substitute Bill 6286 providing funding of $ 162,000 to the WABON to develop a grant program to provide funding to Certified Registered Nurse Anesthetist (CRNA) nurses who volunteer to precept anesthesia nursing student residents in health care settings. The goal of the grant program is to create more clinical placements for nurse anesthesia student residents to complete required clinical hours to earn their degree and related certification and licensure. A portion of the appropriated funds in the amount of 2,000 FY24 will be deducted to support operational costs.

**Required Documentation**

All applicants for the preceptor grant funds must submit the following:

* A Preceptor Hours Reporting application (completed and submitted by preceptor via Survey Monkey link on the Preceptor Grant website);
* Completed Preceptor Verification of Hours Form with documentation of student residents’ clinical hours approved and signed by the nursing program.
* A valid and unencumbered state license to practice nursing; and
* An Office of Financial Management (OFM) Personal State Vendor Number.

**Eligibility**

To be eligible for a nursing preceptorship grant, each applicant must meet the requirements outlined in [WAC 246-840-533 and meet the below requirements:](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-533)

* Possess a social security number (United States Citizen, National, Permanent Resident, Political Refugee). Only the last 4 digits of the SSN will need to be provided.
* Be a WA licensed advanced registered nurse practitioner (APRN) providing clinical

education at an eligible practice site for nursing anesthesia students enrolled in an approved and accredited WA public or private not- for-proﬁt school of nursing; and

complete a minimum of 80 hours of clinical practice instruction per year in any term of clinical experience for nursing anesthesia residents in an approved and accredited WA public or private not-for-proﬁt school of nursing. For quarters, a term signifies the conclusion of each quarter (fall, winter, spring, summer). For semesters, the term signifies the span from August through December and January through May.

* The following qualify for precepting clinical hours: direct patient care which includes patient teaching. Precepting hours can be obtained in various clinical settings such as: perioperative services, pain clinic, ER, labor & delivery and surgery centers to assist student anesthesia nursing students in obtaining clinical practice hours.
* Hours should be recorded in minimal increments of **30 minutes** for the purpose of documentation of precepted hours.
* Call hours or standby hours do not count towards the minimum **80 hour per year** requirement unless you are called in for direct patient care and/or patient education.

**Local, State, and Federal government nursing employees:**

* You should consider contacting your local, state, or federal employer to confirm that accepting a grant payment is not in violation of ethics laws, such as the Code of Ethics for Municipal Officers, RCW 42.23, the Ethics in Public Service Act, RCW 42.52, or the Supplementation of Federal Salary Prohibition in the United States Code, 18 U.S.C. 209.

**All nursing employees:**

* You should consider discussing the preceptor grant with your employer prior to applying for or accepting grant payment.  Some employers may have policies that prohibit an employee from accepting payment as a term of employment.

**Definition of Preceptor** [**WAC 246-840-533:**](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-533)

A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision (preceptorship) to any nursing student, and meets the following requirements:

* + Has an active, unencumbered nursing license at or above the level for which the student is preparing;
  + Has at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing;
  + Is oriented to the written course and student learning objectives prior to beginning the preceptorship;
  + Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and
  + Is not a member of the student's immediate family, as defined in [RCW 42.17A.005](https://app.leg.wa.gov/RCW/default.aspx?cite=42.17A.005); or have a 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.

**Eligible Practice Sites**

An eligible practice site is a clinical site that has been approved by a Washington 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.

**Clinical hours for students in out-of-state nursing school programs who complete clinical hours in WA state would not qualify for incentive reimbursement**.

**Application for Reimbursement**

The Nursing Program will:

* Obtain the Preceptor Veriﬁcation of Hours Form from the CRNA preceptor completed with all the required documentation for each eligible resident’s clinical hours supervised. Total minimum hours must equal 80 hours per year.
* Review the Preceptor Verification of Hours Form to verify the preceptor hours for all student nurse anesthesia residents documented on form.
* The Program Director of the nurse anesthesia program should verify the accuracy of the information documented on the Preceptor Veriﬁcation of Hours Form (for example):
* Verify that the preceptor’s full name is listed on the form.
* Verify that all resident’s full name is listed on the form.
* Verify the beginning and ending dates of the preceptorship experience is documented.
* Verify that the preceptor met the minimum 80 clinical hours per year.
* Verify the signature of the nursing program Residency Clinical Coordinator is present prior to submitting the Preceptor Veriﬁcation of Hours form.

The preceptor will:

* Apply for the grant through the [Preceptor Hours Reporting Form](https://www.surveymonkey.com/r/NYH2QDW) link (Survey Monkey link) on the Preceptor Grant website. The Preceptor Hours Reporting Form link requires the following information:
  + - Preceptor mailing address, email address, and phone number
    - Preceptor Birth date
    - Personal Statewide Vendor Number
    - Nurse License Number
    - Last 4-digits of Social Security Number
    - Site of preceptorship
    - Signature of the preceptor
    - As part of the application, the preceptor shall upload the completed Preceptor Veriﬁcation of Hours Form, approved, and signed by the Program Director, as an attachment on the Survey Monkey site.
* Register with the Office of Financial Management (OFM) by completing a Vendor/Payee Registration Form.
  + - After the preceptor completes the Vendor/Payee Registration Form, they will be assigned a Statewide Vendor Number. Access to Vendor/Payee Registration Form is provided through a link on the Preceptor Grant website.
    - The application for a Statewide Vendor Number should be promptly submitted via the link provided on the preceptor webpage to allow ample time for the Office of Financial Management (OFM) to process the registration. Typically, OFM takes 7-10 business days to process a complete registration form. OFM will email your Statewide Vendor Number once processed.

**Preceptor Hours Reporting Form Deadlines**

The preceptor must submit the Preceptor Veriﬁcation of Hours Form with the application through the Survey Monkey website by **May 1st, 2025**.

All submissions need to be received by the deadline stated on the Preceptor Grant Program Website. Deadlines are ﬁrm. Submissions will not be processed after the speciﬁed due date listed on the preceptor website.

As noted above, OFM typically takes 7-10 business days to process a complete registration form. Please take this into consideration when applying.

**Preceptor Grant Payment Information**

* The payment amount of the grant will be equally distributed to each preceptor at the end of the fiscal year.
* The Preceptor Grant Program Specialist will review both the information submitted on through the Preceptor Hours Reporting form link and the Preceptor Veriﬁcation of Hours Form document for completeness and accuracy of information prior to forwarding documents to the Oﬃce of Accounting for payment processing and disbursement of funds.
* Payments will be issued either by check or direct deposit and cannot be authorized without a Personal Statewide Vendor Number.
  + If the preceptor would like funds directly deposited, an OFM Vendor/Payee Direct Deposit Authorization Form must be completed. A link to the form is available on the Preceptor Grant website. It is highly recommended to set up a direct deposit account.

**Questions**

All questions regarding the Washington State Nursing Preceptorship Grant should be emailed to DOH email at [WABONPreceptorship@doh.wa.gov](mailto:WABONPreceptorship@doh.wa.gov).