



## **Nurse Practitioner Preceptorship Application**

Thank you for you for your interest in Shenandoah Medical Care Center preceptorship program.

In order to be considered for NP Preceptee selection, all documentation from numbers 1 - 5 must be supplied to the NP Coordinator **during** the open application period.

After applicants are selected to interview, they will be required to complete numbers 4 and 5 to remain eligible for selection.

1. RN Licensure, if applicable
2. Estimated dates of both clinical start and completion
3. Current CV or Resume
4. Sign and Return:
  - a. Confirmation of Non-Associate Handbook
  - b. Confidentiality Statement: Confirmation of HIPAA material review
5. Attach copies of the following:
  - a. Current Driver's License
  - b. Social Security Card or Birth Certificate
  - c. Current Immunizations, current physical exam, including PPD and/or QuantiFERON within the last year **OR** Chest X-ray in the last five (5) years



**NP Graduate Profile**

NP Student Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Personal / Social**

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Do you have any physical/medical limitations or medical problems which the SMCC Provider Network should be aware? N \_\_\_\_\_ Y \_\_\_\_\_ If yes, please specify:

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**Education**

MSN/DNP School: \_\_\_\_\_

Degree Program: \_\_\_\_\_

School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Hours Needed to fulfill clinical experience requirements: (Include acceptable practice types)**

Dates Needed: \_\_\_\_\_ Area/# of Hours: \_\_\_\_\_

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Other (specify): \_\_\_\_\_ *Total Hours Needed:* \_\_\_\_\_

**Previous RN Experience(s)** # Years as RN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Confidentiality and Privacy of Patient Information

Dear Student,

As a student who is rotating in this health care setting and office practice, you have an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) forbids healthcare providers from disclosing patients' protected healthcare information, except upon written authorization by the patient or as otherwise permitted by the law.

Under the HIPAA Security and Privacy Regulations, hospitals and other healthcare providers are required to have the capacity to determine who is accessing their patients' protected healthcare information and to protect the privacy of that information. Failure to maintain patient confidentiality, accessing patient information without a need to do so for your work, or any other violation of policy, may result in disciplinary action against the student, resident or fellow.

Some general guidelines:

- Access patient information only if you need that information to do your work.
- Share or discuss patient information only if it is necessary to do your work and only in appropriate locations.
- If there are electronic health records, never share your identification number or password, and log off computer sessions when you will be away from a workstation.
- Follow the health care system and provider's policies on confidentiality and privacy.
- Ensure confidentiality when you handle all protected healthcare information.

### Student Agreement

*I have received and reviewed all information that I was given about patient privacy and confidentiality. I understand there are rules regarding the use and disclosure of patient protected healthcare information, and I agree to abide by such rules and keep protected healthcare information confidential. I understand there are both educational and legal punishments if I violate this policy. I recognize that I may be immediately removed and excluded from this program, if I do not comply with this Confidentiality and Privacy Agreement.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_