

# Semester Contract Agreement

This form will serve as a Semester Contract Agreement between:

\_\_\_\_\_ and  
Student Name

\_\_\_\_\_  
Clinical site name

\_\_\_\_\_  
City state, zip

and with the School of Nursing at Georgia Southwestern State University, located in Americus, Georgia, when appropriate signatures have been affixed below by Dr. Courtney Ross, Dean of the College of Nursing and Health Sciences, and the authorized agency representative for the clinical site.

The agreement will grant permission to \_\_\_\_\_  
as a student enrolled in the MSN program at GSW to obtain part of his/her clinical nursing experience through your institution.

\_\_\_\_\_  
Preceptor Name & Title

The term of the agreement will be:

\_\_\_\_\_ Spring semester: January 1, through April 30  
\_\_\_\_\_ Fall semester: August 1, through December 15

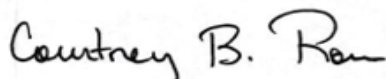
If the terms of this agreement are acceptable to you and your agency, please sign below and keep a copy for your records.

\_\_\_\_\_  
Name of Agency/Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Agency Representative

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



Dr. Courtney B. Ross, RN, CNL, NE-BC  
Dean, College of Nursing & Health Sciences

*Please return this form via email to Dr. Gosa or Andrea Pinckard: [msnclinical@gsu.edu](mailto:msnclinical@gsu.edu)*

## PRECEPTOR AGREEMENT

I, \_\_\_\_\_ agree to serve as a clinical preceptor for Georgia Southwestern State University (GSW) Master of Science in nursing students. By agreeing to serve as a clinical preceptor, I accept the responsibility of providing instruction and guidance for the assigned students(s). I will aid in the provision of clinical learning opportunities necessary for the student to meet clinical laboratory objectives and the MSN program objectives. I will also assist the student in applying classroom theory to the clinical situation.

I understand there is no monetary compensation for serving as a preceptor for GSW Master of Science Nursing Students. I also understand that I may engage a substitute preceptor, from among the approved preceptors, if I am absent from the clinical area.

\_\_\_\_\_  
Preceptor Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Nursing Unit Administrator Signature

\_\_\_\_\_  
Course Title

\_\_\_\_\_ There are no changes to my Preceptor Qualification Record. It has been updated within the past year and is on file at GSW.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Course Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

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## PRECEPTOR QUALIFICATION RECORD

Name \_\_\_\_\_ GA License# \_\_\_\_\_

\_\_\_\_\_

Last

First

Middle

Preceptor's Home Address: \_\_\_\_\_

Preceptor's Place of Employment: \_\_\_\_\_

Preceptor's Telephone Number: (Home or cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Preceptor's Email: \_\_\_\_\_

List professional education/national certification in chronological order:

Name of Institution	Location	Diploma, Degree, National Certification	Year Granted	Major Field

Current Employment:

Health care setting in which you are employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Have you been employed as an RN at least one year in the above setting? \_\_\_\_\_

Name of affiliating nursing education program:

Georgia Southwestern State University — Master of Nursing Program

Please describe how the student's learning goals will be/are enabled by your education and/or expertise:

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# GSW School of Nursing

## MSN LEARNING AGREEMENT

### *Student Information:*

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### *Preceptor Information:*

Preceptor \_\_\_\_\_

Preceptor's Credentials \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Work Address \_\_\_\_\_

### Directions:

For Week 1, complete the Learning Agreement with program outcomes and self-identified goals and initial plans to meet those self-identified goals. Review these goals and plans with your preceptor. The agreement should be revised each week to reflect completed goals, additional goals and changes to the plan dictated by the actual experience or revisions suggested by faculty and/or preceptor. At the end of the practicum experience, evaluate success with your preceptor and obtain the preceptor's signature at the bottom of the agreement. Save this form as a Microsoft Word document and enter the required information directly into it; submit the completed Learning Agreement in Week 15 or before. Learning Agreement Consists of 4 Sections:

1. Cover sheet with student and preceptor information.
2. Student Learning Outcomes Table (see next page)
3. Signatures approving plan (Week 1)
4. Signatures and preceptor verification (Week 15)

Due Dates: Initial Learning Agreement by 11:59 PM Sunday at end of Week 1.

Completed Learning Agreement by 11:59 PM at end of Week 15.

Minimum of 500 hours practicum experience required.

## MSN LEARNING AGREEMENT

Program Outcomes	Student Identified Practicum Goals to Meet Course Objectives	Plan to Meet Student-Identified Practicum Goals
1. Implement the selected advanced nurse role- leader, educator, informaticist, within health care,	1	1
2. Develop and nurture interprofessional collaborations by communicating and consulting with other health care professionals, including administrators, community leaders and regulators.	2.	2.
3. Evaluate the influence of ethical principles on personal and organizational decisionmaking.	3.	3.
4. Utilize nursing research for the promotion of quality nursing education, safe client centered healthcare, and evidence-based practice.	4.	4.
5. Employ critical thinking in the application of nursing and multidisciplinary theoretical frameworks to foster optimal client health outcomes.	5.	5.
6. Exemplify cultural competence and sensitivity to diversity in dynamic academic and healthcare environments.	6.	6.
7. Demonstrate competence in leadership roles and a commitment to ongoing professional development for the provision of quality, cost- effective client centered healthcare and the advancement of nursing practice.	7.	7.
8. Utilize informatics to improve client outcomes and to promote the health and safety of individuals, groups and communities.	8.	8.

