INSTRUCTIONS

Complete a minimum of 120 hours of ire t lini al super ision of nursin stu ents in our ertifi ation spe ialt C. s an . s must pre ept a an e pra ti e nurses C. , . , C. , or C . to fulfill this ate or lease re ie the Certifi ation ene al e uirements at **www.nursecredentialing.org/RenewalRequirements.aspx** for es riptions of pre eptor hours a epte eep this form ith our re or s ou ill nee to su mit it if ou are sele te for au it

eturn this form mail to

American Nurses Credentialing Center
Attn: Certification Registration
P.O. Box 8785

o ial e urit . um er optional

ppli ant ast . ame irst . ame i le nitial

Certifi ation pe ialt

1 he in i i ual name a o e has omplete hours of pre eptorship for

. ame of the e u ational institution an pro ram e , . ni ersit of , hool of . ursin

2 he ates for the pre eptorship ere to

his pre eptorship as on u te ith stu ents in a

APRN Programs:

- ☐ Clini al . urse pe ialist pro ram
- ☐ . urse ra titioner pro ram
- ☐ ther ra uate nursin pro ram spe if

Undergraduate Nursing Program:

- ☐ a alaureate nursin pro ram
- ☐ sso iates or iploma nursin pro ram

Residency/Fellowship:

- ☐ . resi en or fello ship
- ☐ . or C. resi en or fello ship

he spe ialt area or fo us of this pre eptorship as

he pre eptorship as hel in

. ame of the hospital institution fa ilit , it , state

a ult oor inator name, re entials, an title please print

u ational institution

ro ram name

nstitution a ress

elephone num er