

# GRADUATE PRECEPTOR INTENT OF RELATIONSHIP (IOR) FORM

(version update 1/4/2017)

## STUDENT SECTION (Please print)

I, Graduate Nursing Student \_\_\_\_\_, Texas RN License # \_\_\_\_\_ agree that it is my responsibility to arrange my clinical hours to meet the course requirements of **Course NURS \_\_\_\_\_** in the \_\_\_\_\_ major once a preceptor has been assigned. I also understand that an IOR must be completed for **each and every** preceptor I work with to complete required hours. I verify that I have discussed the requirements with the following person named below who agrees to serve as my preceptor for this course. \_\_\_\_\_ **Student Initials**

Preceptor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_ Date Contacted \_\_\_\_\_

TOTAL HOURS TO BE COMPLETED WITH THIS PRECEPTOR: \_\_\_\_\_ SEMESTER AND YEAR: \_\_\_\_\_  
(example: Spring 2017)

I understand if any information regarding total hours, preceptor name, and/or site provided on this form changes, I must notify the Clinical Liaison in the Office for Academic Affairs in writing immediately. \_\_\_\_\_

### Student Signature

ADDITIONAL STUDENT INFORMATION	
Email Address: _____	Home Phone: _____
Work Location: _____	Phone: _____
I have read the <b>Conflict of Interest Policy</b> and understand that I must disclose any potential conflict of interest. _____ <b>(Student's Initials)</b>	

Student is covered under the UT Health San Antonio blanket malpractice insurance policy. For further information, contact the Clinical Liaison.

## PRECEPTOR SECTION (to be completed by preceptor)

I agree to serve as preceptor for \_\_\_\_\_ hours, and have received information regarding the UT Health San Antonio program from the aforementioned student. I am including my Resume/Preceptor Profile which will be updated every three years, as requested.

Preceptor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Credentials: \_\_\_\_\_

Specialty: \_\_\_\_\_ License: State \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

Preceptor Email Address\*: (Please Print) \_\_\_\_\_

\* In an effort to go green, the UT Health San Antonio School of Nursing will no longer provide Verification of Preceptor Hours Served via regular mail or email to preceptors for students in the FNP, PNP-PC, PMHNP, AG-ACNP and CNL majors. The verification form will be attached to the documents section of your preceptor profile in Typhon after the semester is complete. Please provide a valid work or personal email address as this will become your User ID for access to Typhon where you will also approve student hours and complete evaluations. It is important this email address be unique to each preceptor as the system denies the use of a duplicate User ID. Your email address will not be shared. (Administrative Management and Nursing Education majors still require a preceptor email address but will not utilize the Typhon system at this time).

## CLINICAL SITE INFORMATION (to be completed by preceptor and related administrative representative)

Clinical site(s) we have agreed to utilize for purposes of this course (i.e., office, clinic, hospital, nursing home):

Name of Site 1: \_\_\_\_\_

Address \_\_\_\_\_ Practice Specialty: \_\_\_\_\_

Signature of site administrative representative/business manager \_\_\_\_\_ Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Site 2: \_\_\_\_\_

Address \_\_\_\_\_ Practice Specialty: \_\_\_\_\_

Signature of site administrative representative/business manager \_\_\_\_\_ Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Student Instructions for Submission:	FOR FACULTY USE ONLY (date & initial)
Send scanned copy of completed form to: <a href="mailto:urshan@uthscsa.edu">urshan@uthscsa.edu</a> OR Fax completed form to "Attn: Clinical Liaison" at (210) 567-3813	I have been made aware of any potential conflict of interest and this clinical placement is: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Signed _____ Date: _____
For Use by Office for Academic Affairs Majors Associated with Preceptor: <input type="checkbox"/> FNP <input type="checkbox"/> PMHNP <input type="checkbox"/> AGACNP <input type="checkbox"/> PNP-PC <input type="checkbox"/> CNL <input type="checkbox"/> AM <input type="checkbox"/> NsgEdu MOA on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Preceptor Resume/CV on File? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Number of Hours Verified: _____ (total number and initial) Is this an existing Preceptor in Typhon? Yes <input type="checkbox"/> No <input type="checkbox"/>	