

GRADUATE PRECEPTOR INTENT OF RELATIONSHIP (IOR) FORM

THIS FORM MUST BE COMPLETED (FULLY) AND SIGNED. ONE FORM PER PRECEPTOR.

(version update 9/27/2017)

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 6** _____ in the _____ NP track 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 _____

Preceptor's Address _____

Preceptor's Telephone # _____ FAX # _____ Date Contacted _____

TOTAL HOURS TO BE COMPLETED WITH THIS PRECEPTOR: _____ SEMESTER AND YEAR: _____

(example: Spring 2018)

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 and a new IOR may be required. _____

Student Signature _____

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

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) _____

Preceptor Verification of Hours Forms will be e-mailed to Preceptors after the term. 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: urshan@uthscsa.edu 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	Evaluation Needed _____ Yes _____ No
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"/> Nsg Edu	
MOA on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preceptor Resume/CV on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an existing Preceptor in Typhon? <input type="checkbox"/> Yes <input type="checkbox"/> No