

## Clinical Remediation-Preceptor Request Form

**STUDENT:**

I, \_\_\_\_\_, agree that it is my responsibility to  
(Print Name)

recommend an appropriate preceptor to meet the remediation course requirements of clinical courses. I understand I am responsible to contact the Nurse Manager of the department/unit where I propose to do clinical hours with the preceptor and provide the Nurse Manager with the appropriate form to submit to the Remediation Course. I understand that I am also responsible to provide my potential preceptor with the appropriate Clinical Preceptor evaluation forms to be completed and submitted to the Remediation course.

I verify that I have read the guidelines as to whom may serve as a preceptor, and I have discussed the requirements with the following person who agrees to serve as a preceptor for this course(s). I understand this preceptor must have the recommendation of their immediate nurse manager, be employed at the agency with whom there is a current agency student acknowledgment agreement and must be approved by Remediation course director.

I verify that I have read the Student and Preceptor Roles and Responsibilities for completion of clinical experiences, particularly for completing the required minimum of clinical hours with a preceptor for the course listed below. I understand that failure to complete clinical assignments, the number of required clinical hours, or any attempt to falsify records relating to clinical hours and/or assignments may result in failure of the clinical nursing course and dismissal from the Remediation program. I understand that completion of required clinical hours and assignments does not assure a passing clinical remediation and/or course grade.

**STUDENT INFORMATION:**

Signature \_\_\_\_\_ Student Last 4 SS# \_\_\_\_\_

Student Email: \_\_\_\_\_ Date \_\_\_\_\_

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**Print** Preceptor Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Preceptor Employer: \_\_\_\_\_ Preceptor Phone#: \_\_\_\_\_

Preceptor Contact Email: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

**COURSE INFORMATION:**

Select Course: Remediation Course (Medical – Surgical) – 96 Precept Hours  
(96hrs as required by Florida BON—may be combination of simulation and onsite supervised clinical hours)

Requested Dates of Clinical hours: \_\_\_\_\_

**This form must be Signed and Submitted:**

- 1) Scan and Emailed as an attachment to: [Prof.Grant@RN-Success.Education](mailto:Prof.Grant@RN-Success.Education)
- 2) FAXED to 877-244-2511 Attn: RN Remediation/Refresher Course