

## 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 forms 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 faculty.

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

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

Date \_\_\_\_\_

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

Preceptor Employer: \_\_\_\_\_ Preceptor Email: \_\_\_\_\_  
(so we may email you necessary documents)

### COURSE INFORMATION:

Select Course: Remediation Course (Medical – Surgical) – 96 Precept Hours  
(96hrs as required by Florida BON)

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

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

- 1) Scan and Emailed as an attachment to: [Prof.Grant@RNSuccess.org](mailto:Prof.Grant@RNSuccess.org)
- 2) FAXED to 877-244-2511 Attn: RN Remediation/Refresher Course
- 3) Mail completed forms to: Institute for Accelerated RN Success, Inc  
Attn: Remediation Program  
1015 NE 14th Street  
Ocala, FL 34470