

# CLINICAL PRECEPTOR REQUIREMENTS/EXPECTATIONS

Requirements for preceptors are as follows:

1. RN with a Baccalaureate Degree
2. Current Board Certification through WOCNCB
3. At least one (1) year of fulltime clinical experience as a WOC Nurse
4. Sufficient patient census to provide needed learning experiences--this must be **documented by simple statistics.**

**The Emory University WOCNEC requires dual scope and full scope students to have at least 2 different preceptors and clinical sites (2) in order to get different perspectives and to assure exposure to the full scope of practice.**

Most clinical sites require a contract with Emory. Emory will initiate contact with you and your agency to determine any contractual requirements, and we will work with the appropriate individuals in your agency to establish a contractual agreement. **Establishment of a clinical contract can take as long as 6 months**, so it is critical for us to get this information as soon as possible.

Full-scope students are required to obtain 120 hours of clinical with an approved preceptor, and specialty course students are required to obtain 40 hours per specialty course. In addition to the requirement for a specific number of hours with approved preceptors, the clinical experience needs to provide all of the following.

- **Wound students:** experience with trunk wounds and lower extremity wounds. Most students need to arrange for experience in both an acute care or long-term care setting (for trunk wounds) and an outpatient wound clinic (for lower extremity wounds).
- **Ostomy students:** at least 3 – 4 days of focused Ostomy clinical. It is ideal to obtain experience with both standard and continent diversions; however, it is not always possible to arrange experience with continent diversions. The required experience is with standard diversions.
- **Continence students:** at least 2 days of clinical focused on restorative continence care (in-depth assessment, behavioral management, surgical intervention, biofeedback, etc.) If your primary clinical sites do not provide this experience, your primary preceptor may be able to coordinate appropriate learning experiences with clinicians/facilities in your area. (The coordinating preceptor must be certified in continence care.)

**EMORY UNIVERSITY SCHOOL OF NURSING  
WOUND, OSTOMY, AND CONTINENCE  
NURSING EDUCATION CENTER**

1821 Clifton Road NE, Pod A  
PHONE: (404) 778-4067

Atlanta, GA 30329-4021  
FAX: (404) 778-4778

**APPLICATION FOR PRECEPTORSHIP**

Name of Student(s) \_\_\_\_\_

**1. Personal Demographic Data**

*Preferred method of contact: Home Work*

Name \_\_\_\_\_

*Last Name First Name Middle Initial Professional Designations*

Home Address \_\_\_\_\_

*Street Address*

*City State Zip*

Phone #s \_\_\_\_\_

*Home Work Fax*

*Email (work) Email (home)*

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

*City State Zip*

Supervisor (Name & Title) \_\_\_\_\_

**2. Educational Experience (After High School)**

A. *Date and Name of most recent Conference Attended:* \_\_\_\_\_

B. *Highest Education Degree:* \_\_\_\_\_

Name of Institution	City/State	Date of Entrance	Date of Leaving	Hours/Degree Earned

**3. Current RN Licensure**

*State Number Exp. Date*

**4. Board Certification:**

	CWOCN	CWON	CWCN	COCN	CCCN	CFCN	Other:
<i>Date of Initial Certification</i>							
<i>Date of Certification Exam Last Taken</i>							

**ATTACH A COPY OF YOUR CURRENT BOARD CERTIFICATION CERTIFICATE**

**5. Patient Caseload**

Type of patients you see:            Inpatient            Outpatient            Home Health            LTC

Approximate number of patients visits per day: \_\_\_\_\_

Please indicate the % of average time over the past year spent in each area:

Wounds: Trunk ( <i>Pressure Ulcers, Fistulae, etc.</i> )	%
Wounds: Legs ( <i>Vascular, Neuropathic, ABIs, Wraps</i> )	%
Ostomy: <i>Standard &amp;/or Continent Diversions</i>	%
Continence: Restorative/Behavioral	%
Continence: Skin/Containment	%
Foot and Nail Care:	%
	%
<b>Total</b>	<b>100%</b>

Are you in a position to arrange continence clinical?            Yes            No

**6. Preparation for Clinical Preceptor Role**

*(Successful completion of Preceptor Workshop, Preceptor Self-Study Packet, or prior experience as a preceptor for any nursing program is required.)*

Please check all that apply:

Completion of preceptor workshop:

Date/Location: \_\_\_\_\_

Prior experience as clinical preceptor:

Please describe: \_\_\_\_\_

Other: Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Preceptor's Signature*

\_\_\_\_\_  
*Date*

**PLEASE EMAIL, FAX or MAIL YOUR COMPLETED APPLICATION TO:**

**EMAIL:**            [SHENITA.WILLIAMS@EMORY.EDU](mailto:SHENITA.WILLIAMS@EMORY.EDU)

**FAX :**            **404 778-4778**

**MAIL :**            **EMORY UNIVERSITY: WOCNEC**  
**C/O Shenita J. Williams**  
**1821 Clifton Road, NE**  
**Pod A,**  
**Atlanta, GA 30329-4021**