

**CLINICAL AFFILIATION AGREEMENT
BETWEEN CLINICAL PRECEPTOR FOR ROLE TRANSITION
AND ASSOCIATE DEGREE NURSING PROGRAM**

This is the agreement between the Trinity Valley Community College ADN Program and _____, who has agreed to be a clinical preceptor for role transition. The clinical preceptor is an employee of _____ which has a current affiliation agreement with Trinity Valley Community College.

PURPOSE

Clinical preceptors are used to enhance the ADN student's role transition at the end of the program after the student has received clinical and didactic instruction in all the basic areas of nursing.

RESPONSIBILITIES OF ADN PROGRAM

The ADN liaison instructor will:

1. Verify that the clinical preceptor meets the required BON qualifications:
 - a. Current RN licensure in Texas is verified. Verified Online by: _____
RN License #: _____
 - b. Educational preparation is _____
 - c. Is competent in designated area of clinical practice. ____ Yes ____ No
 - d. Has a philosophy of health care congruent with the the TVCC nursing program. ____ Yes ____ No

The ADN student will:

1. Meet with the clinical preceptor prior to the role transition clinical rotation. The student will present the preceptor with a sheet that explains the preceptor role and responsibilities.
2. Present the preceptor with a copy of the student objectives for the experience, and a copy of the evaluation form to be completed on the student.
3. Obtain the preceptor's schedule and notify the preceptor as to the dates and times he/she will be coming.

The ADN instructor will:

1. Be readily available by phone for problem solving or schedule change, etc. and meet with the student at least once during the preceptorship.

RESPONSIBILITIES OF CLINICAL PRECEPTOR

The clinical preceptor will:

1. Go to <http://www.tvcc.edu/Health-Science-Center> and click on Preceptor Information to get all the current and necessary information for orientation to the role as a preceptor for TVCC.
2. Be responsible for monitoring and evaluating the student during their experience.
3. Notify the ADN instructor or the Health Science Center Provost of any problems or incidents that need reporting and/or require action.
4. Retain total responsibility for patient care.

This clinical preceptorship agreement was entered into this _____ day of _____, _____.

ADN Student:

_____	_____	_____
Printed Name	Signature	Date

ADN Instructor:

_____	_____	_____
Printed Name	Signature	Date

Clinical Preceptor:

_____	_____	_____
Printed Name (As on nursing license)	Signature	Date