



PRECEPTOR VERIFICATION FORM

1105 West 8th Street, Yankton, SD 57078
Phone: (605) 668-1435 Fax: (605) 668-1618

If you are applying for recertification by continuing education and are claiming preceptor hours to meet requirements, you must complete this form. It must be verified and signed by the institution responsible for the person being precepted. Please print clearly.

Preceptor Name (Please Print): _____

Address: _____

Certification Specialty: _____

The individual named above has completed _____ hours of precepting a MMU student.

The specialty area of this preceptorship was: _____

The preceptorship was with: FNP graduate students PMHNP graduate students

The dates for preceptorship were from: _____

My signature on this form attests to the fact that the above-named preceptor has completed the number of preceptor hours listed above and that I have reviewed the information provided here and verify that it is accurate.

Name of the institution/facility in which preceptorship occurred: _____

Name of the educational institution for which preceptorship occurred: **Mount Marty University**

Program Address: **1105 West 8th St. – ASNC 110, Yankton, SD 57078**

Telephone Number: **605-668-1435**

Faculty/Credentials: (Please Initial)

_____ Carol Stewart, DNP, CNP, FNP-BC, PMHNP-BC, Graduate Nursing Program Director, FNP Clinical and Track Coordinator

_____ Heather Swanson, DNP, CNM, FNP, PMHNP, IBCLC, PMHNP Clinical and Track Coordinator

Signature _____ Date: _____

Mission Statement

Mount Marty University, an academic community in the Catholic Benedictine liberal arts tradition, prepares students for a contemporary world of work, service to the human community, and personal growth.

Core Values

Awareness of God • Community • Hospitality • Life-Long Learning