

PRECEPTOR/MENTOR VERIFICATION FORM

When reporting preceptor/mentor hours, this form must be submitted to be considered.

MSNCB National Office

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Hours claimed are for providing clinical supervision to baccalaureate, masters or doctoral degree students and/or newly hired nurses in educational and professional settings. *Courses taken about preceptorship or mentoring should be reported as CNE activities.*

30 hours as a preceptor/mentor = 5 CH, with a maximum of 20 CH per recertification period

This preceptorship must be verified by the signature of the faculty member or educator who supervised your preceptorship/mentorship.

Please Print

Preceptor's Last Name: _____ First Name: _____

1. The individual named above has completed hours of care coordination and/or transition management (CCTM) focused preceptorship/mentorship.

*Provide only the **number of hours worked** as a preceptor/mentor.*

2. The preceptorship/mentorship was with (*Name of nurse*): _____

Nursing Student

Newly Hired Nurse

3. The dates of preceptorship/mentorship were _____ through _____

4. Name of the facility/institution **OR** name of the educational institution for which preceptorship/mentorship

occurred: _____

SUPERVISOR:

I attest that the above named candidate has completed the number of preceptor/mentor hours indicated:

Print Supervisor Name: _____

Signature: _____

Facility Name: _____

Address: _____

Email: _____ Phone: (_____) _____

An original signature is required for contact hours to be considered.