

CRN Preceptorship Verification Record

To claim preceptorship hours for certification or recertification, you must complete this form. Use as many forms as necessary to record all preceptor sessions. The supervisor/coordinator or faculty member responsible for your preceptorship must verify the experience by signing this form. Credit will be given in blocks of 5 points only (e.g., the number of hours must total no less than 80 for the first 5 points and an additional 80 hours for the next 5 points).

MI _____ *Last Name* _____

Please list mentorships in chronological order by beginning date

(1)	Version Month/Year of preceptor end	Preceptee Type	(4) Other Described	(5) Preceptee institute	(6) Total number of hours precepted	(7) Audit only

Version 2/15/2023

My signature on this form affirms that the above-named clinical research nurse has completed at least 80 hours of preceptorship under my supervision.

Name

Electronic Signature

Title

Telephone Number

Today's Date