

Referral Submission Form

Referrals are nurses or physicians with whom you have made a past connection. Before submitting a referral, you should be sure this person is aware you would like them to be your preceptor.

Student Information

Student Name: _____
Student Program: _____

Term Information

Semester Referral is For: _____
Clinical Course Number: _____
Number of Hours Requested at Referral: _____

Preceptor Information

Potential Preceptor Name: _____
Contact Information: **Phone:** _____ **Email:** _____
**Required* **Required*
Last Contact with Preceptor: **Date:** _____ **Method of Contact:** _____

Location Information

Potential Site Name: _____
Site Address: _____
Site Contact Name: _____
Contact Information: **Phone:** _____ **Email:** _____

**This may be an Office Manager or Clinical Coordinator. We need the name and contact information for the individual who manages clinical paperwork for the site. Please include a minimum of a phone number and/or email.*

Acknowledgments

Please initial next to each statement below:

Disclaimer: By submitting this form you are acknowledging the below statements.

Made Contact: I have communicated my clinical placement requirements with the above listed potential preceptor and they understand and have initially agreed to be my preceptor or have expressed interest and want more information.

Payment: I understand that in providing this referral, I must accept financial responsibility for any associated fees the site, preceptor or placement agency requires. Further details regarding payment can be found within the Virtual Welcome Packet.

Qualifications: I have reviewed the qualifications for my preceptor within the Wilkes Quick Guide, and to my knowledge, they are qualified to serve as my preceptor.

State Authorization: I have reviewed the State Authorization Map linked here and confirmed that this the site is in an Wilkes authorized state for my program. I understand I must also be authorized to practice in this state.

Referrals Are Not Guaranteed: I understand referrals must still meet designated requirements and submit all paperwork for approval to the Passan School of Nursing. In certain situations, a referral may not be approved, and I will not be able to perform clinical at the location. A Student Advisor will communicate with me if my referral is not approved. **Requirements May Include: current nurse or doctor CV/Resume, State License, Rx Prescription License (not required for FNP), Board Certification, Site Affiliation Agreement*

Delay in Placement: I have provided all available information to the placement team and understand they will prioritize contacting my referral. Delays or a lack of communication from the referral with the placement team may result in a delay in placement or no placement. A Student Advisor may reach out to me for assistance in gathering required documents if communication with my potential preceptor is difficult.

Employer Referrals: I understand that if this referral is through my employer that I cannot be paid for clinical hours. I also understand that I may not precept with my current direct supervisor.

Please Submit Referral Submission Forms to
placement@onlinenursingdegrees.wilkes.edu