## **MORGAN COMMUNITY COLLEGE**

## Practicum Placement Request for NUR 4009 and NUR 4010

Although you are not enrolled in courses with practicum hours yet, it is imperative to plan ahead for these experiences. The following RN to BSN courses require practicum hours as listed:

- NUR 4009, Leadership and Health Care Management has 22.5 practicum hours. A total of 16 hours will be spent directly with your preceptor. The remaining 6.5 hours will be applied to a leadership service-learning project to be completed as part of your practicum experience.
- NUR 4010 Community Health Nursing has 45 practicum hours. 8 of the 45 practicum hours will be spent conducting a community health assessment. The remaining 37 practicum hours will be spent at your approved community health agency and/or participating in additional community health service activities as assigned.

It is important we arrange for these hours early in your course work. We encourage you to identify the facilities in which you wish to complete these hours. If you are unable to identify an appropriate site for these hours we will make arrangements at on of our partner sites. When you are enrolled in these courses you will arrange specific dates and times to participate in the practicum hours with your preceptors. This form is not a final approval of the preceptor or <u>site</u>. Students must be enrolled in these courses to complete these hours, and must wait for instructor approval prior to scheduling clinical hours.

When identifying a Preceptor for NUR 4009 Leadership and Health Care Management consider identifying someone in the facility where you are employed or other facility of your choice. The preceptor must hold a leadership position within the agency (nurse manager, nursing director, etc.). Recruit your preceptor by letting them know you are interested in shadowing them for 16 hours and fill out the clinical information form below. This practicum is observational in nature.

When identifying a Community Health practicum site consider identifying agencies that provide services to vulnerable and/or underserved populations in your community. Examples of this include local public health departments; Federally Qualified Health Care Centers (community health centers); homeless shelters (where nursing/health related services are offered); mobile health units; Women, Infants, & Children (WIC); public schools; etc. Contact the course instructor if you are interested in a site, but unsure if it meets practicum requirements. Preceptors must have a minium of a BSN and one year experience. Complete this form and upload into your D2L NUR 3001 Course Shell. You will not receive a final grade unless the form is uploaded. All students must submit this form. If you do not have a site or preceptor, you must check the box acknowledging that.

Student Address:

Student MCC E-mail address:

Preferred region for practicum hours (city/county and state):

Student place of employment and address:

## NUR 4009 Leadership Health Care

Management Name of preceptor you are requesting:

Preceptor's e-mail address:

Preceptor's Phone number:

Has this nurse agreed to be your preceptor?

Title and credentials:

 Name of agency:
 Does this site require an affiliation agreement

 Agency address:
 Have you ever worked or do you currently work at this facility?

 If yes, in what capacity?
 If yes, in what capacity?

 Name of educational coordinator at this agency:
 I do not have a preceptor or site preference for my hours and prefer to complete the hours at a site located in Fort Morgan or the surrounding areas.

 Do you have any questions or further comments?
 Does this site require an affiliation agreement

## NUR4010Community Health

	I do not have a preceptor or site preference for my hours and prefer to complete the hours at a site located in Fort Morgan or the surrounding areas.
If yes, in what capacity?	
Have you ever worked or do you currently work at this facility?	Does this agency require an affiliation agreement?
Agency address:	
Name of agency:	Email:
Has this nurse agreed to be your preceptor?	
Preceptor's Phone number:	Phone:
Preceptor's e-mail address:	
Title and credentials:	Name of educational coordinator at this agency:
Name of preceptor you are requesting:	

Do you have any questions or further comments?