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DNP Residency Course: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Appointed RMUoHP DNP GPD: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Learning Contract Focus: \_\_\_\_\_

Requested Preceptor: \_\_\_\_\_

Academic Credentials/Degrees: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Preceptor Responsibilities:** The Doctor of Nursing Practice (DNP) program requires completion of two residencies: DNP 606, Specialization Residency and DNP 616, Health Policy Residency. During this period of time, the DNP student will implement and evaluate course requirements as set forth in the applicable course syllabus and learning contract. The identified preceptor serves as the local director of the DNP student's doctoral residency and facilitates access to resources required for the student to complete the required learning objectives as set forth in the applicable learning contract. The preceptor:

1. Assists the DNP student in selecting realistic and specific goals that support the framework and objectives of the RMUoHP DNP program.
2. Guides the DNP student in development and acquisition of key leadership skills required of the applicable DNP course and associated learning contract.
3. Meets with the DNP student on a regular basis and provides feedback accordingly.
4. Facilitates completion of the course requirements and communicates as needed with the RMUoHP faculty advisor.
5. Provides RMUoHP with the preceptor's current resume/CV and if institutionally necessary, facilitates institutional processing of any required clinical contract or memo of understanding.

I agree to serve as a preceptor to the DNP student named in this agreement.

Signature of Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of DNP student \_\_\_\_\_ Date: \_\_\_\_\_

*Note: A letter of support to Rocky Mountain University of Health Professions is required to facilitate this educational experience.*

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Approval: Yes  No  Comments: \_\_\_\_\_

Signature of Appointed RMUoHP DNP GPD: \_\_\_\_\_ Date: \_\_\_\_\_