

MSN/ FNP LEARNING CONTRACT

Student Name: _____

Preceptor Name and Credentials: _____

Physician Name: _____

Contact Person: _____

Legal Name of Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Preceptor Email: _____

Each student and preceptor will negotiate a learning contract. This contract outlines expectations for the experience and will assist the preceptor in evaluating the student's clinical progress. The contract is accomplished by determining the student's learning objectives and interests, in collaboration with the preceptor's assessment of the student's skill, potential, and educational priorities.

Setting Goals

A. Student Goals: (to be completed prior to the first day of the clinical experience) List the three most important goals you have for this clinical experience.

- 1.
- 2.
- 3.

List specific strategies for accomplishing these goals:

B. Preceptor Goals: (to be completed by the end of the first week) List the three most important areas on which the student should focus.

- 1.
- 2.
- 3.

List strategies for addressing these areas:

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____