MEDICAL-SURGICAL NURSING CERTIFICATION BOARD

PRECEPTOR/MENTOR VERIFICATION FORM

When reporting preceptor/mentor hours, this form must be submitted to be considered.

MSNCB National Office
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Hours claimed are for providing clinical supervision to baccalaureate, masters or doctoral degree students and/or newly hired nurses in educational and professional settings. Courses taken about preceptorship or mentoring should be reported as CNE activities.

30 hours as a preceptor/mentor = 5 CH, with a maximum of 20 CH per recertification period

This preceptorship must be verified by the signature of the faculty member or educator who supervised your preceptorship/mentorship.

Please Print

Preceptor’s Last Name: ____________________________  First Name: ____________________________

1. The individual named above has completed _______ hours of care coordination and/or transition management (CCTM) focused preceptorship/mentorship.

   Provide only the number of hours worked as a preceptor/mentor.

2. The preceptorship/mentorship was with (Name of nurse): ____________________________

   □ Nursing Student  □ Newly Hired Nurse

3. The dates of preceptorship/mentorship were ______________ through ______________________

4. Name of the facility/institution OR name of the educational institution for which preceptorship/mentorship occurred: ____________________________

SUPERVISOR:

I attest that the above named candidate has completed the number of preceptor/mentor hours indicated:

Print Supervisor Name: ________________________________________________________________

Signature: __________________________________________________________________________

Facility Name: _______________________________________________________________________

Address: ____________________________________________________________________________

Email: ____________________________  Phone: (_____ ) ________________________________

An original signature is required for contact hours to be considered.