Lackawanna College

RN to BSN Nursing Program

NUR 401 - Practicum Requirement Form

Student’s Name: _______________________________ Date: ______________

Requirements Required: (Check and submit the following information to nursing faculty)

___ Copy of RN License of Preceptor

___ Resume or CV of Preceptor

Practicum Information: (Highlight or Underline the response, if any answers are yes, supply the
information)

YES NO Do you need an articulation agreement with Lackawanna College? If so, contact
the Director of Nursing Programs immediately.

YES NO Do you need medical clearance from the agency you selected? If so, identify and
supply the medical clearances.

YES NO Do you need background check clearances from the agency you selected? If so,
identify and supply the background clearances.

YES NO Do you need to follow certain policies and procedures that are specific for RN
nursing students? If so, identify and submit the polices to the nursing faculty.

YES NO Do you have approval from the nursing faculty to engage in this practicum?

YES NO Do you understand the information documented in the NUR 401 – Capstone
Experience, Preceptor Orientation and Practicum Guidelines. If not, contact the
nursing faculty and express your questions, concerns, or problems you have with
the document.