



GEORGIA BOARD OF NURSING

237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: 844-753-7825
Fax: 877-371-5712
www.sos.ga.gov/plb/nursing

APPLICANTS FOR LICENSURE BY EXAMINATION

GUIDELINES FOR 480 - 640 HOUR PRECEPTORSHIP For Georgia Board of Nursing Required Clinical Experience

O.C.G.A. §43-26-7 requires that certain applicants for licensure by examination who applied for licensure on or after May 13, 2011 and who do not have sufficient clinical or education experience for licensure, as determined by O.C.G.A. §43-26-7, complete a Georgia Board of Nursing approved preceptorship prior to licensure. Each applicant must satisfactorily complete a preceptorship based on the following guidelines:

- The preceptorship shall be at least 480 hours and not more than 640 hours of “hands on,” bed side, clinical experience at an acute care inpatient facility or a long term acute care facility (LTAC). The Board may authorize a preceptorship in other facilities to obtain specialized experience in certain areas.
- The preceptorship may be done at applicant’s place of employment.
- Preceptorship shall contain hours of clinical experience in the following areas which also include transition into the role of a Registered Nurse:
 - 128-256 Hours of Medical – Surgical
 - 64-128 Hours of Psychiatric/Mental Health
 - 64-128 Hours of Obstetrics/Gynecology
 - 64-128 Hours of Pediatrics
- The preceptor who supervises the applicant must be a RN who has an AD/BSN/MSN Degree.
- A Temporary Permit will be issued to the applicant for a six (6) month period upon approval of the preceptorship by the Board.
- If necessary, a temporary permit may be renewed only one time for an additional six (6) month period upon written request by the applicant.

Note: A valid Georgia temporary permit is required prior to and during the period of supervised preceptorship. Failure to comply with this requirement may result in disciplinary action by the Board.

Instructions:

The **Nurse applicant** must complete the following steps:

1. The applicant must have an application for licensure by examination on file with the Georgia Board of Nursing.
2. The applicant must negotiate with an agency representative of an acute care inpatient facility or a long term acute care facility (LTAC) about providing/sponsoring a preceptorship for the applicant.
3. Once the proposed plan for preceptorship is approved by the Board, a temporary permit will be issued to the applicant. The applicant must present the temporary permit to the designated preceptor for inspection **prior** to beginning the required clinical experience. If the preceptorship is not begun or completed, the temporary permit must be returned to the Board office immediately with a letter of explanation.

The **Agency Coordinator** at the facility that agrees to sponsor a preceptorship must complete the following steps:

1. Meet with the applicant (s) and agree to sponsor a preceptorship for that applicant.
2. Select or appoint a Georgia licensed **registered nurse** to precept, coordinate, and monitor the preceptorship.
3. Submit a letter on agency stationary to the Board office that outlines the clinical experience. The letter must include the following:
 - Names and license numbers of all preceptors.
 - A proposed schedule of dates, times, nursing environment, and facility where the clinical experience will be completed.
4. Assignments must be provided to indicate the required number of hours (as determined by the Board) in the required areas (as determined by the Board) of clinical as a registered nurse will be met. The hours should reflect the following:
5. Each preceptor must submit an application specific to each clinical area of study.
6. A clinical competency checklist must be provided for each clinical area to identify what will be measured in order to evaluate the delivery of health care by the applicant.
7. Contact will be made by Board staff in writing with the agency coordinator about Board approval status of the proposed preceptorship. A temporary permit for (6) months will be issued to the applicant. The designated agency RN must inspect the permit prior to beginning the supervised preceptorship. The applicant is expected to complete the preceptorship within six (6) months. If necessary, a temporary permit may be renewed **once** for an additional six (6) month period when a written request from the applicant is received and an updated clinical schedule is provided by the Agency Coordinator.
8. If a request for an extension is made, a new application for licensure and fee may be required if application on file is no longer valid.
9. When the applicant has completed the preceptorship, each preceptor must submit Form C to the Agency Coordinator to verify completion of the preceptorship.

The **Georgia Board of Nursing** will complete the following steps:

1. Review preceptorship application and approve or recommend modification for resubmission of the preceptorship plan.
2. Notify the Agency Coordinator in writing when the preceptorship application is approved.
3. Issue a six (6) months temporary permit to the nurse applicant.
4. Review all forms verifying completion of the preceptorship.
5. Issue a license to the nurse applicant when all requirements are met.



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PRECEPTOR QUALIFICATIONS FORM – BOARD REQUIRED CLINICAL EXPERIENCE

Directions: Retain this form for each RN preceptor for all areas of study. This form will be reviewed by the Board for approval of preceptorship.

Name of Preceptor: _____
First Middle or Maiden Last

Active Georgia RN License Number: RN _____

Employing Institution: _____
(Name of Clinical Agency)

Position/Job Title: _____

Date of Employment: _____

Major Area of Clinical Practice: _____

Length of time in Current Clinical Practice Area: _____

Nursing Education:

	Institution	Date Earned
ADN	_____	_____
BSN	_____	_____
Masters in Nursing	_____	_____
Doctorate in Nursing	_____	_____
Doctorate in Other	_____	_____

Type of Preceptor (Please check one):

- Medical-Surgical
 Psychiatric/Mental Health
 Obstetrics/Gynecology
 Pediatrics

(Signature of Preceptor)

(Date)



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FORM A – 480 - 640 HOUR PRECEPTORSHIP APPLICATION Georgia Board of Nursing Required Clinical Experience for Licensure by Examination

Applicant's Name: _____

Sponsoring Agency: _____ Telephone No. () _____

Agency Address: _____

Agency Coordinator: _____ RN License No.: _____

List all preceptors for each clinical area:

Name/License No.	Dates of Employment	Full-time	Part-time	Area of Responsibility

As Agency Coordinator, I agree that _____ has been accepted for a preceptorship at my agency and will complete _____ hours of clinical experience, relevant to nursing under supervision of a licensed registered nurse, as approved by the Georgia Board of Nursing.

(Signature)

(Date)

Sworn to and subscribed before me this

_____ day of _____, 20_____.

(Notary Public)

Agency or Notary Seal

My commission expires _____



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FORM B – 480 – 640 HOUR CERTIFICATION OF COMPLETION OF Georgia Board of Nursing Required Clinical Experience for Licensure by Examination

I, _____, certify that _____
(Agency Coordinator) (RN Applicant)

has satisfactorily completed _____ hours of clinical experience as approved by the Georgia Board of Nursing.

The medical/surgical rotation began on _____ and ended on _____.

The psychiatric rotation began on _____ and ended on _____.

The obstetrics and gynecology rotation began _____ and ended on _____.

The pediatric rotation began _____ and ended on _____.

I also certify that the above rotations included instruction on the transition of the applicant into the role of a RN.

Date

Signature (RN Coordinator)

I agree with the above statement.

Date

Signature (RN Applicant)

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

(Notary Public)

Agency or Notary Seal

My Commission Expires _____



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FORM C – 480 – 640 HOUR PRECEPTOR CERTIFICATION FOR Board Required Clinical Experience for Licensure by Examination

I, _____, certify that _____ has completed
Preceptor Signature **RN Applicant**
_____ hours of clinical requirements in a Med-Surg/Ob-Gyn/Psych/Peds rotation and CAN / CANNOT provide
(circle one rotation) *(circle one word)*

nursing care with reasonable skill and safety.

This statement is based on review and observation of skills during clinical to evaluate the nursing process of assessment, planning, implementation and evaluation. I furthermore rate the overall performance as _____.

Rating Scale

Outstanding	<i>Demonstrates outstanding skills and abilities.</i>
Exceeds	<i>Consistently demonstrates skills and expected behaviors.</i>
Meets	<i>Performance meets the expectations of the preceptor.</i>
Developing	<i>Exhibits many expected behaviors and needs assistance with less routine problems.*</i>
Unacceptable	<i>Overall performance is significantly below acceptable standards.*</i>

*Requires explanation of rating.

Comments:

Preceptor signature and notarization should occur on the same date.

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

(Notary Public)

Agency or Notary Seal

My Commission Expires _____