**Nonprofit Leadership Certificate**

**NPL 4900: Preceptorship**

**Application Form**

**Department of Parks, Recreation and Tourism Management**

**Clemson University**

Instructions**:** Form should be completed by the intern and an appropriate representative from the potential preceptorship site (i.e., preceptorship coordinator, supervisor, HR representative). Please type or print clearly. Completed form should be submitted to NPL 4900 instructor – cbrooko@clemson.edu .

***I. Student Information:*** *(Completed by Student)*

**Name**:

**Student ID #:**

**Local Address:**

**City:** **State:**\_\_\_\_\_\_\_\_  **Zip:**

**Phone:** ( ) **Email:**

**Concentration Area:** **Advisor:**

**Semester Registering for NPL 490**:

Fall\_\_\_\_\_ Spring\_\_\_\_\_ Summer\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

***II. Information on Proposed Preceptorship Location:*** *(Completed by Agency)*

**Name of Agency:**

**Address:**

**City:** **State:** **Zip:**

**Phone:** ( ) **FAX:** ( )

*(over)*

**Dates of Preceptorship:** From to

Please provide a detailed description of the proposed job duties for the Preceptorship in the space below. If possible, attach a copy of the job description.

|  |
| --- |
|  |

**Name of Supervisor**:

**Title:**

**Address:**

**City:** **State:** **Zip:**

**Phone:** ( ) **FAX:** ( )

**Email Address:**

*\*\*If supervisor has a business card, please attach to application.*

***III. Signatures:***

**Student:** **Date:**

**Agency Supervisor:** **Date:**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Department Use Only:**

Approved: Date:

 University Instructor

**NPL 4900 Preceptorship**

**Student Agreement**

**Your Preceptorship experience is designed to give you professional experience in nonprofit organizations. It is a chance for students to work in professional environments. You are expected to act like a professional – acting responsibly and dependably while reflecting on what you learn, and more importantly, what you need to learn. NPL 4900 is an educational endeavor; not just work experience!**

1. I reviewed the NPL Preceptorship Manual and understand proper procedures on all aspects of NPL 4900.
2. I will provide my agency supervisor with a copy of the NPL Preceptorship Manual.
3. I know that all forms my supervisor, and I will need throughout the semester are located on the NPL Certificate website.
4. I have secured a preceptorship offer that is directly supervised by a non-profit professional and offers me at least 200 hours.
5. I have completed the Preceptorship Application form and submitted it to the PRTM main office**.**
6. I understand that once the completed application is received and approved, I will be registered for the course by the PRTM Department.
7. I understand that primary communication between the NPL 4900 Instructor and I will be through Clemson University email. If I use a non-Clemson email address, I will have my email forwarded properly.
8. I agree to complete and submit weekly reports via email to NPL 4900 Instructor on a weekly basis.
9. I agree that the ‘end date’ of my Preceptorship is the date on which my Preceptorship ends, not when I complete the requisite number of hours. I understand that leaving a Preceptorship site prematurely without permission from both the agency supervisor and NPL 4900 Instructor is prohibited and will result in a failing grade.
10. I understand that both final evaluations (student’s and supervisor’s) must be submitted by the due date given by the NPL 4900 Instructor.
11. I understand that I must submit my portfolio (guidelines can be found in the manual) by the due date given by the NPL 4900 Instructor.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRTM Department, 170 Sirrine Hall, Clemson, SC 29634-0735

Web Site Address: <https://www.clemson.edu/cbshs/departments/prtm/index.html>