



Memorandum of Understanding

NOW, THEREFORE, it is hereby agreed by and between the parties as follows:

- *Student is not allowed to write prescriptions;*
- *Student is not authorized to prescribe schedule or order scheduled medication;*
- *All charts must be signed by student and preceptor;*
- *All of students' patients must be assessed by preceptor and chart reviewed; and*
- *Both student and preceptor must maintain active licensures.*

The roles and responsibilities described above are contingent on **student** receiving clinical rotations for his/her Advance Practice Registered Nurse Program Application with the NMI BOARD OF NURSING (“NMI BON”). Responsibilities under this Memorandum of Understanding would also coincide with the temporary approval granted by the NMI BON.

We, the undersigned, have read and agree with this MOU. Further, we have reviewed the proposed conditions and approve it.

Dated this _____ day of _____, 20 _____.
(Handwritten signature)

By _____

By _____

Student

Preceptor