



CALIFORNIA STATE UNIVERSITY
DOMINGUEZ HILLS

School of Nursing

College of Health, Human Services, and School of Nursing
1000 East Victoria Street Carson, CA 90747

GRADUATE ADVISEMENT FORM: Nurse Administrator

Student Name:

CSUDH email:

Phone:

Role Option Advisor: Dr. Hernani L Ledesma Jr. CSUDH email: hledesma@csudh.edu

Phone: (310) 243-3151

Date:

The following items were discussed during my advisement with my Role Option Advisor

1. Items needed before entering role performance courses RPI (MSN532/MSN560) & RPII (MSN538/570)

- Graduate Writing Assessment Requirement (GWAR)
- Setting up CastleBranch account (help=Clinical Coordinator)
- Appropriate selection of approved clinical site or
- Initiation of request for non-affiliated clinical site (at least 1 semester prior to RPI)
- Appropriate selection of Clinical Preceptor (MSN prepared in management/leadership role & responsibilities; **not** direct supervisor)
- Appropriate activities during clinical hours (role focused: budget, finance, management, leadership, etc.)
- Appropriate planning to complete a minimum of **144 clinical hours** for each individual role performance courses RPI & RPII

2. Requirements for role performance courses RPI (MSN532/MSN560) & RPII (MSN538/570)

- Permission numbers are issued by Role Option Advisor
- Evaluation of Clinical Site by Student
- Evaluation of Preceptor by Student
- Evaluation Tool for Preceptor
- Field Experience Log
- Learning Contract
- Preceptor Information Form
- CastleBranch required documents are due: **Fall**=May 1st **Spring**=December 1st

3. Additional requirements and expectations

- Apply for culminating activity (same semester as RPI)
- Apply for graduation (same semester as RPI)
- Checking CSUDH email on a regular basis
- Reading and reviewing the MSN Clinical Handbook
- Providing the MSN Clinical Handbook to the Preceptor

4. Important contact information

- Graduate Coordinator: Dr. Terri Ares tares@csudh.edu
- Clinical Coordinator: Ms. Karla Castillo kcastillo@csudh.edu

Student Signature: _____

Date: _____

Role Option Advisor Signature: _____

Date: _____

THIS COMPLETED FORM IS UPLOADED TO CASTLEBRANCH UNDER ROLE OPTION ELIGIBILITY