



PRECEPTOR FORM

1. NAME, EDUCATION, EXPERIENCE

Name _____

Current Position: _____ Years in Position _____

Agency/School _____

Basic Nursing Education Program	Degree	Graduation Date
Other Colleges/Universities Attended (nursing /non-nursing)		

2. CURRENT SPECIALTY CERTIFICATION

Name of Specialty Certification	Certifying Agency	Certification valid through

3. DEMONSTRATED EXPERTISE

Describe your expertise in the area (Please attach current resume/vita)

4. LICENSURE

State of Licensure	License Number	Expiration Date