RUTGERS
School of Nursing

Preceptor Appointment Application

I, _____, employed by
(Name of Preceptor)

_____ agree to act
(Name of Agency/School)

as a clinical preceptor for _____,
(Name of Student)

a student enrolled in RN to BS in Nursing Program for the:

_____
(Name of Clinical Course)

for the following time frame:

_____ through _____
(Month/Year)   (Month/Year)

I have received and reviewed a copy of the Preceptor Guidelines and understand I will

receive pertinent course information and student evaluation materials from the student.

Signature of Preceptor: _____ Date: _____

Agency/Unit/ School: _____

Address: _____

Phone: _____ Email: _____

Please submit the completed form to the Program Director.

_____ _____
Signature of Program Director   Date