



PRECEPTOR DATA FORM

Name of Student: _____

1. NAME, EDUCATION, EXPERIENCE

Name of Preceptor: _____

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 <i>(Please attach copy of School Nurse certificate)</i>	Certifying Agency	Certification Valid through...

3. DEMONSTRATED EXPERTISE

Describe your expertise in the area *(Please attach current resume/curriculum vitae)*

4. LICENSURE

State of Licensure	License Number	Expiration Date

Would you be willing for other Rutgers students to contact you for a precepted experience in the future? **YES** **NO**

