



**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 the RN to BS in Nursing Program for the RN-BS Practicum 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