Form A: Student-Preceptor Form

----------STUDENT DATA----------

Student Name: _____ Date: _____

Address: _____

Phone Number: _____ Work number (if employed): _____

Course: ☐ NUR 115 ☐ NUR 221

----------PRECEPTOR DATA----------

Preceptor Name: _____ Cell Phone: _____

Preferred Email for Faculty Communication: _____

RN License# / State / Exp. Date: _____ MSL: ☐Yes ☐No

Highest Degree Earned: ☐ADN ☐BSN ☐MSN ☐DNP ☐PhD Earning: ☐BSN ☐MSN ☐DNP

Year Graduated: _____ Academic Institution/Location: _____

Certifications: _____

Number of Years: 1) LPN:_____ 2) RN:_____ 3) At Current Facility:_____ 4) In Current Position:_____

Job Title: _____ Unit: _____ Shift: _____

Healthcare Agency: _____

Address: _____ Work Phone: _____

Prior Preceptor: ☐No ☐Yes # of semesters/years: _____ Other: _____

Specialty areas: _____

----------PRECEPTOR MANUAL ACKNOWLEDGMENT----------

- I have been provided with a complete copy of the Calhoun Community College Preceptor Handbook, which outlines student clinical/practicum objectives, along with responsibilities of the Preceptor, Student, and Faculty Advisor.
- I have completed the Preceptor Orientation and Training. I have had the opportunity to ask questions and have been provided with the contact information of the faculty advisor(s) for the class.
- I agree to be a preceptor for Calhoun Community College ☐NUR 115 ☐NUR 221 Nursing Students.

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____