

CALHOUN COMMUNITY COLLEGE

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: _____