



# Preceptor Information and Acknowledgement Form

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

## PRECEPTOR INFORMATION

Name: \_\_\_\_\_

Board Certification: \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Years of Practice: \_\_\_\_\_

Foreign Languages: \_\_\_\_\_

Clinical Practicum Site Name: \_\_\_\_\_

Clinical Practicum Site Address: \_\_\_\_\_

## PRECEPTOR RESPONSIBILITIES

- I have read the MSN Nurse Educator, Health Care Leadership & RN-BSN Practicum Handbook and agree to abide by its guidelines
- I will read the syllabus provided by the student. USU has courses with clinical practicum hours, not clinical practicum courses, for MSN Nurse Educator, Health Care Leadership and RN-BSN students.
- I have participated in orientation to the preceptorship
- I understand I may need to confer with course faculty during and/or at the end of the course(s) to provide information I believe is necessary for assessment of progress in the clinical practicum experience
- I agree to act as preceptor to the student listed above as part of his/her enrollment at the United States University College of Nursing and Health Sciences.
- I have provided USU with a current resume or curriculum vitae).
- I agree to provide verbal and written feedback to the student regarding his or her clinical performance as outlined by the course requirements

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_