



Preceptor Data Sheet Master of Science

The College of Nursing's national accreditation requires us to track preceptor credentials. It is essential we have current information for you. Additionally, we use this form to send your invitation to our annual celebration of preceptors.

Note: Please state not applicable if you do not have an RN license.

Preceptor Data

Preceptor Name: _____ Date: _____

Email Address: _____

Phone Number: _____

Title: _____ RN License #: _____

Degree: _____ Institution: _____ Year: _____

Degree: _____ Institution: _____ Year: _____

Level of Experience: _____
ex. 8 years of experience as an ER nurse

Facility Data

Employer: _____ - _____
(facility name) Department/Division/Unit

Student Data

Student Name: _____

Student E-mail: _____

Course: NURS 6889 Master's Practicum/Capstone Semester: Spring Year: 2021

Course Instructor: Brenda Luther, Catherine Staes, Rebecca Wilson

Please return this form to the student for submission.