



Preceptor Data Sheet (Prelicensure Capstone)

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.

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) (unit)

Nurse Manager / Director of Nursing: _____

Student Data

Student Name: _____

Course: _____ Semester: _____ Year: _____

Course Instructor: _____

Please return this form to Heather Clarkson via the fax number below or to the following email address: heather.clarkson@nurs.utah.edu