



## Preceptor Data Sheet (RN-to-BS Program)

The College of Nursing's national accreditation requires us to track preceptor credentials. It is essential we have current information for you. Additionally, this information facilitates formal voluntary associate instructor appointments through the University of Utah – College of Nursing. We will also use this information to send your invitation to our annual celebration of preceptors.

### Preceptor Data

Preceptor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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](mailto:heather.clarkson@nurs.utah.edu)*