

**PRECEPTOR APPROVAL FORM  
COLLEGE OF NURSING  
GRADUATE PROGRAMS**

Student Name \_\_\_\_\_ I-Mail Address \_\_\_\_\_

Course for which preceptor is being requested \_\_\_\_\_

Preceptor's full name \_\_\_\_\_

Preceptor's credentials (i.e., FNP, ANP, MD, etc.) \_\_\_\_\_

Agency name \_\_\_\_\_

Agency address \_\_\_\_\_

Agency telephone \_\_\_\_\_ Agency fax \_\_\_\_\_

Type of practice \_\_\_\_\_

Are you employed by this agency?    Yes             No

Have you precepted at the graduate level with this preceptor/agency before?    Yes     No

If yes, for which course? \_\_\_\_\_

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**Clinical Faculty/Course Coordinator Recommendation**

I approve the above-mentioned preceptor for the course as indicated.

I do not approve the above-mentioned preceptor for the course as indicated. Reason: \_\_\_\_\_

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Signature

Date

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**Graduate Coordinator Action**

Placement is approved and preceptor confirmation letter will be given to student or mailed to preceptor.

Placement is approved and preceptor/agency agreement will be given to student or mailed to preceptor/agency.

Placement is not approved. Discussion with faculty will take place.

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Signature

Date