

**EAST TENNESSEE STATE UNIVERSITY
COLLEGE OF NURSING**

Preceptor Intent Form

Today's Date _____

Student Name _____

Gold-Mail Address _____@goldmail.etsu.edu _____

Course for which preceptor is being requested _____

Semester: Fall Spring Summer Year _____

Preceptor's full name _____

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

Agency name _____

Agency street address _____

Agency city _____ Agency state _____ Agency Zip _____

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? _____

How many hours do you plan to complete with this preceptor? _____

If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below.

Progress toward finalization of this placement will be documented on the Preceptor Approval D2L site. Before beginning clinicals you must ensure that: 1. The clinical faculty has approved the use of this preceptor; 2. The preceptor's credentials have been verified by the Office of Student Services; and 3. A contract is in place. In addition, you must ensure that you have met all clinical requirements (i.e., immunizations, liability insurance, etc.).

By clicking this box, I acknowledge that I have read, understand, and will abide by the above statements.