**EAST TENNESSEE STATE UNIVERSITY**

**COLLEGE OF NURSING**

**Preceptor Professional Profile Form**

**Nurse Practitioner Program**

|  |
| --- |
| PRECEPTOR INFORMATION |

First Name: Middle Initial Last Name

Preferred mode of contact: Email address

 Telephone

 Fax

|  |
| --- |
| SITE INFORMATION |

Site Name

Street Address

City State Zip County

|  |
| --- |
| EDUCATION/LICENSURE/EXPERIENCE |

Education: Degree School Year

 Degree School Year

 Degree School Year

Licensure: Professional License Number State Expiration Date

 Professional License Number State Expiration Date

Certification: Professional Certification Number State

 Expiration Date

 Professional Certification Number State

 Expiration Date

Experience: Years of experience in current position

 Years of overall experience in the role

|  |
| --- |
| PATIENT POPULATION |

Types of patients seen at your Percent of time your practice Average number of each

clinical site (check all that apply) serves each patient type patient type seen per day

 Children % patients/day

 Adolescent % patients/day

 Women % patients/day

 Adult % patients/day

 Older Adult % patients/day

\*Please include a business card, if available

10/4/2012