
CLINICAL PRECEPTOR INFORMATION

Name and Credentials: _____

Agency/Office: _____

Address: _____

Office Phone: (____) _____ Fax: (____) _____

Education (including granting institution, degree(s) and year of graduation):

Practice Specialty: _____

(*Nurse Practitioners must attach a copy of current NP certification verification*)

Years of experience in specialty area: _____

State licensure number and expiration date: _____

Have you previously precepted students? ___Yes ___No

Are you a relative of the student? ___Yes ___No

Are you a friend of the student? ___Yes ___No

Do you have a conflict of interest in being a preceptor for this student? ___Yes ___No

Do you have supervisory responsibilities for this student in a work setting? ___Yes ___No

Type of agency/site (private practice, public health, etc.): _____

Average number of clients seen per day: _____ Client age range: _____

Services provided: _____

The student is responsible for returning all pre-clinical course forms and documents to Connie McIntosh by the designated date (see the Pre-clinical Information #31).

Mail to Connie McIntosh, Associate Coordinator of Extended Education /School of Nursing/ Ball State University, Muncie, IN 47306-0265

If your preceptor has any questions about the course, please have the preceptor contact the course faculty. If the preceptor has questions about the School of Nursing RN to BS program, please have the preceptor contact Linda Siktberg, Director, at 765-285-5571 or lsiktber@bsu.edu .