

Jacksonville State University
Lurleen B. Wallace College of Nursing
Empowering exemplary nurses to care for anyone, anytime, anywhere

PRECEPTOR LETTER OF AGREEMENT

I _____ agree to serve as preceptor for
Preceptor's Name and Credentials

_____ during the senior year of his/her
Student's Name

Baccalaureate Nursing Program at Jacksonville State University, Lurleen B. Wallace

College of Nursing. The preceptorship experience will be initiated on ____ / ____ / ____

and will terminate on ____ / ____ / ____.

Preceptor's Signature

Date

Agency Name

Unit/Department

Agency Address

City, State, and Zip Code

Course Faculty's Signature

Date

Dean CNHS

Date

