

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

PRECEPTOR INFORMATION SHEET

Name: _____ **Title:** _____

Agency: _____ **Years of Experience:** _____

Unit: _____ **Years on Unit:** _____

Agency Mailing Address: _____

Telephone: Work _____ **Home** _____ **Email** _____

In the space below, please provide us with the best time and place to contact you.

_____ **(Day)** _____ **(Afternoon)**

Educational Preparation:

SCHOOL

DEGREE

YEAR

Licensure:

ALABAMA LICENSE NUMBER _____ **EXPIRATION DATE** _____

GEORGIA LICENSE NUMBER _____ **EXPIRATION DATE** _____

TENNESSEE LICENSE NUMBER _____ **EXPIRATION DATE** _____

Additional Certifications:

CERTIFICATION

EXPIRATION DATE

Your signature below indicates receipt of the course information packet from the student (i.e. Preceptor's Student Evaluation which specifies practicum specific and specialty objectives, the Letter of Agreement, and Preceptor's Course Evaluation).

Student Name

Preceptor Signature & Date