

Troy University

Preceptor Information Form (CNS)

Students: Please complete **entirely** and return to your instructor. This form will **not** be processed if not complete. Please be sure to **print** all information.

Course Number: _____ NSG 6621 Advanced Acute Care Preceptorship
(Check one) _____ NSG 6623 Advanced Long-Term Nursing Care of Adults Preceptorship
_____ NSG 6641 Advanced Maternal/Infant Health Nursing Preceptorship
_____ NSG 6643 High-Risk Maternal/Infant Health Nursing Preceptorship
_____ NSG 6615 Nursing Education Preceptorship
_____ NSG 6617 Nursing Administration Preceptorship

Semester/Year: Fall _____ Spring _____ Summer _____

Student Name: _____ @ _____
email address

Phone: Work () _____ Home () _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ @ _____
email address

Title: _____ Phone: _____

Preceptor: _____ @ _____
email address

Title: _____ Phone: _____

Preceptor Unit: _____

Instructor: _____ Approval: _____

Office Use Only

Received:

Letter Sent:

Agency Agreement Received: