

# 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.  
This form may be completed online and printed.

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: \_\_\_\_\_

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### Office Use Only

Received:

Letter Sent:

Agency Agreement Received: