Troy University

Preceptor Information Form (NIS)

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 6636 Nursing Informatics Internship

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: