

Nursing Education Track Statement of Preceptor Agreement

I have read and fully understand the responsibilities regarding student, preceptor, and faculty roles for the Graduate Nursing Education Practicum and agree to comply with these guidelines.

Term: _____ Year: _____ Practicum Clinic/Setting Name: _____

Clinic Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____

Contact Person & Title (other than preceptor; i.e. office manager): _____

Best method of contact for this Contact Person: _____

Student Name
Printed:
Signature:
Date:
Phone Number:
E-Mail:

Preceptor Name
Printed:
Signature:
Date:
Phone Number:
E-Mail:

Faculty Name (for UWF Faculty Use ONLY)
Printed:
Signature:
Date:
Phone Number:
E-Mail:

(Electronic signatures are acceptable)

***Students should retain copies of all forms and documents submitted to the course faculty.
Please provide your preceptor with a copy of this form once all signatures are in place.***