

Appendix A



## FNP Track Statement of Preceptor Agreement

I have read the FNP Handbook and fully understand the responsibilities regarding student, preceptor, and faculty roles for the Graduate Family Nurse Practitioner Practicum and agree to comply with these guidelines.

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Primary Practicum Clinic Name:

Clinic Address:

Clinic Phone#:

Contact Person in Clinic and Title (other than preceptor; i.e. office manager):

Best method of contact for this Contact Person:

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Student Name Typed: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Preceptor name typed: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Faculty name typed: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Electronic signatures 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.**