

## Nursing Leadership 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 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.***