

Preceptorship:

Name of affiliating nursing education program Valdosta State University College of Nursing

Please describe how the student's learning goals are/will be enabled by your education and/or expertise:

My signature (preceptor) below indicates my willingness to serve as a preceptor for the following courses: _____

I have received a copy of the preceptor responsibilities and the course objectives. I understand the faculty member will provide me with student name(s), telephone number(s) and dates of student clinical experiences in writing. The faculty will also provide me with telephone numbers of faculty involved in the above courses. The agency/designee signature indicates acknowledgment and approval of the preceptor position for this employee.

PRECEPTOR SIGNATURE

AGENCY/DESIGNEE SIGNATURE

DATE

DATE

SUBMIT FORM: