

Date: _____

FNP Preceptorship

If you prefer, you may submit a CV in lieu of this form, if the CV contains the information contained in this form.

CLINICAL PRECEPTOR VITAE (BRIEF)

NAME: _____ PHONE NO.: _____

AGENCY: _____

Type of License: _____ License No. _____ Expires: _____

NPI No. _____ DEA No. _____

SCHOOL TRAINING INCLUDING COLLEGE OR UNIVERSITY & OTHER SCHOOLS IN SPECIAL SUBJECTS:

Name of School	Location	Dates Attended	Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL & PRIVATE TRAINING:

Name of Institution	Dates Attended	Subjects Covered	Credit Equivalent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLINICAL EXPERIENCE:

Type: _____

LENGTH OF EXPERIENCE:

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

INTEREST AREAS IN WORKING WITH STUDENTS:

I certify that the information provided is accurate and complete to the best of my knowledge and belief:

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR LICENSE.