



THE UNIVERSITY OF
TOLEDO
1872

College of Nursing Graduate Nursing Health Science Campus Advanced Practice Nursing Contract Information/Preceptor Form

<i>To be completed by Student:</i> Course # _____ Course Title: _____ Semester _____	
NURS###	
Clinical Faculty (Instructor): _____	Clinical Faculty (Instructor): _____
Print or Type Name	Faculty Signature
_____	_____
Student Print or Type Name	Student Signature

<i>To be completed by Preceptor:</i>	
Clinical Location Name: _____	Total Number of Clinical Hours: _____
Address: _____	
City	State Zip Code
Authorized Facility Administrator (Authorized Signatory): _____	Email: _____
Address (if different than clinical location): _____	
City	State Zip Code
Notes: _____	
If Clinical Location (site/agency/office) is owned by another agency:	
Name of Parent Organization: _____	
Address: _____ City _____ State _____ Zip Code _____	
Phone: _____	Email: _____ Fax #: _____

<i>To be completed by Preceptor:</i>	
Preceptor's Information:	Years in (APN) Practice: _____
Name: _____	Credentials: _____
Phone: _____	Specialty: _____
Email: _____	Board Certified (Organization): _____ (mm/dd/yy)
Fax: _____	Certification Date: _____
License Expiration Date: _____	Schedule A Expiration Date(COA): _____
Education Preparation: _____ School/College/University _____	Degree/Date: _____
<input type="checkbox"/> Diploma	
<input type="checkbox"/> ADN	
<input type="checkbox"/> Undergraduate	
<input type="checkbox"/> Graduate	
<input type="checkbox"/> Medical Degree	
<input type="checkbox"/> Other (Describe)	
Most Recent experience precepting (type of student and date): _____	
<input type="checkbox"/> UT/CON <input type="checkbox"/> MED <input type="checkbox"/> PA <input type="checkbox"/> Undergrad Nursing <input type="checkbox"/> Grad Nursing	
<input type="checkbox"/> Other (Describe): _____	
_____	_____
Preceptor Signature	Print or Type Name Date
I verify accuracy of all information and have received and reviewed the course objectives for the clinical experience of this student.	

UT/CON: Academic Office use ONLY: Program Coordinator Approval _____ Licensure/Certification Verified _____
 Contract Status _____ (A=Active/I=Inactive)
 Entered Typhon Database: Contract _____ Preceptor _____ Last Date UT/CON Student @ Site _____ (mm/yy)