Preceptor Data Form (Course N494)

UNC SCHOOL OF NURSING

Dear School of Nursing Preceptor:

Please complete the information below for our records. We maintain this information to verify licensure, for our accrediting agencies, and to track the hours you have contributed. Please return this form to your student or your student's clinical instructor upon your first encounter. Thank you!

Your Name Name as it appears on Professional License (if applicable):	
List Academic Degrees (associate, bachelors, masters, doctoral, etc)	
List Credentials, Licensures, Certifications (RN, FNP, CSN, etc.) **If RN, License #**	

Have you completed a Preceptor Data Form at any time since August, 2009? If yes, check the box and sign your name. You do not have to complete the rest of the information unless your information has changed.

☐ **Yes** **Signature:** _____

Employment Data (where you are a preceptor)

Name of your Agency:	Name of your Unit:
Agency Address:	Your Phone Number at the Agency:
Your Position Title:	Your Unit Address (Box number, etc., if different than Agency Address):
Your Email Address for the Agency:	

To be completed by student:

Student's Name (as on file with SON):

_____

Current Semester: _____ Date: _____

Course Coordinators, please return this form to the Undergraduate Clinical Site Coordinator, Room 1007, School of Nursing by 4th week of Clinical (FAX 1-919-843-6212). **Revised 03/25/13**