



ANGELO STATE UNIVERSITY

DEPARTMENT OF NURSING-UNDERGRADUATE

Preceptor Profile and Resume/CV

This form is only required annually—if you have completed it within the last 12 months—you do not need to complete it again.

Course: NUR 4404 SENIOR RESIDENCY CLINICAL

Semester: _____

PRECEPTOR INFORMATION

Preceptor Name	
Title/Position	
Place of Employment	
Employer's Address	
Employer's Phone Number	
Manager's Name & Phone Number	

CONTACT INFORMATION

Phone Number (s) <i>(please provide a phone number that faculty and students can reach you during the residency)</i>	
Email Address <i>(please provide an email that you check often or daily)</i>	
Preferred Method of contact <i>(please circle or indicate)</i>	Phone _____ Email _____

LICENSURE & CERTIFICATIONS

REGISTERED NURSE LICENSE # /STATE	
Date of Expiration	
Other Certifications or Professional Organizations	

EDUCATION

Degree	Year	School/Program	Address

WORK EXPERIENCE**WORK EXPERIENCE (Please include all related experience):**

Total years of experience as a Registered Nurse _____

Years of Experience as: ____ Staff Nurse; ____ Charge Nurse; ____ Team Leader; ____ Nurse Manager;
____ Other Leadership Role;

Years of Experience in Nursing Specialty: ____ Med-Surg; ____ Telemetry; ____ Critical Care; ____ L&D;
____ Pediatrics; ____ Intensive Care Nursery; ____ Other (specify) _____

Date	Position Held	Employer's Name and Address

By signing, I agree the above information is true to the best of my knowledge

This material is kept secured at the ASU Department of Nursing and remains Confidential.