

**Preceptor Profile Form**  
**Angelo State University - Nurse Educator Program**

**Institution / Facility Information:**

Institution / Facility Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Preceptor Information: (Please Attach Current CV)**

Preceptor Name / Title \_\_\_\_\_ / \_\_\_\_\_

Preceptor's Phone Number \_\_\_\_\_

Preceptor's Email Address \_\_\_\_\_

Preferred Method of Contact (check one): ☐ Phone Number / ☐ Email

Professional License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

APRN / Board Certifying Body (if applicable) \_\_\_\_\_

Professional Liability Insurance (check one): ☐ Yes / ☐ No Expiration Date \_\_\_\_\_

**Note. This material is kept secure and confidential at the Department of Nursing.**

**PLEASE SCAN and RETURN by EMAIL or FAX:** Attn: Graduate Secretary / [felicia.armstrong@angelo.edu](mailto:felicia.armstrong@angelo.edu) / 325-942-2236 (fax)