

Student Name: _____ Semester and Year _____

Course: _____ Instructor _____

**Angelo State University
Department of Nursing
MSN Preceptor Agreement**

The purpose of this agreement is to permit students in the nursing program at Angelo State University to participate in a preceptorship within your agency.

Conditions of Preceptorship:

1. I, the preceptor, will include _____ clock hours to be scheduled as follows:
_____ for the course _____.
2. The student will be under the supervision of an agency employee acting as preceptor.
3. The student will work with me in accomplishing goals identified by the student and faculty that are in accordance with course objectives.
4. I understand that the faculty member will have primary responsibility for the student's clinical learning experience and will serve as liaison between the Department of Nursing and agency.
5. I have read, understand and agree with the responsibilities, policies, and nursing education philosophy noted in the Preceptor Handbook, the MSN Student Handbook, and the "Contract of Association."

Preceptor Name (**Please print**): _____

License #: _____ State: _____ Expires: _____ Educational Degrees: _____

Title: _____ Agency: _____

Address: _____
Street/Box City State Zip

Telephone #: _____ FAX #: _____ Email: _____

Student Information	
Home Telephone #: _____	Email: _____
Work/Mobile Telephone #: _____	

Preceptor's Signature: _____ Date: _____

Faculty Member's Signature: _____ Date: _____

PLEASE RETURN TO: Annalisa Santiago
FAX: (325) 942-2236
MAIL: Department of Nursing
ASU Station #10902
San Angelo, TX 76909-0902

For college use only (date & initial)
Contract with agency/site _____
Copy mailed to preceptor/site _____
Signed & filed _____
Preceptor biography on file _____