Angelo State University Department of Nursing Preceptor Agreement

Student Nar	me	_ Course #_		
Faculty Name Semester and Ye		ar		
ASU Student	t Contact Information			
Mobile Telep	phone: Email Addr	ess:		
ASU Faculty	Contact Information			
Email Addres	SS:			
	e of this agreement is to permit students in the graden a clinical internship within your agency.	uate nursing program at Ange	lo State University to	
Conditions of	of Preceptorship			
1.	I, the preceptor, will include clock hour for the course	s to be scheduled as follows:		
2.	The student will present an ASU OneCard or a Phot		 Preceptorship.	
3.	The student will be under the supervision of an agency employee acting as preceptor.			
4.		student will work with me in accomplishing daily and semester objectives identified by the student and		
	faculty that are in accordance with course objectives and program objectives.			
5 I understand that the faculty member will have primary responsibility for the student's clinical learni			dent's clinical learning	
	experience and will serve as liaison between the Department of Nursing and agency.			
6.				
	in the following: the Preceptor Orientation Packet	·		
7.	MSN Student Handbook available at http://www.ar			
Student Nar	me		_	
Faculty	Semest	Semester and Year		
Preceptor In	<u>nformation</u>			
Name: (Plea	se Print Clearly):		_	
License #:	State:			
Expires:				
Specialty:	Agency/Practice Name:			
Address:	City	State	Zip	
	t: Fax #:			
Email :				
Preceptor's S	Signature:D	ate		
Faculty Men	nber's Name: (Please Print)		_	
Faculty's Sig	gnature:D	ate	-	
PLEASE RETU	URN TO: Graduate Secretary 325-486-6875 or 325-942-2236 (Eav)	Fan as Usas		

ASU Station # 10902 San Angelo, TX 76909-0902

Email: nursing@angelo.edu

MAIL: Department of Nursing

For college use only (date & initial)

Contract with agency/site_____

Copy mailed to preceptor/site____

Signed and filed_____

Preceptor biography on file_____