

Troy University Preceptor Information Form (NIS)

Students: Please complete **entirely** and return to your instructor. This form will **not** be processed if not complete. Please be sure to **print** all information.

Course Number: _____ NSG 6636 Nursing Informatics Internship

Semester/Year: Spring _____

Student Name: _____ @troy.edu
First name Last Name email address

Phone: Work () _____ Home () _____ Cell () _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Do you have an RN license in preceptor's state? _____ Have you posted on Certified Background? _____

Contact Person: _____ @ _____
First name Last Name email address

Title: _____ Phone: _____

Preceptor: _____ @ _____
First name Last Name email address

Title: _____ Phone: _____
(MD, NP, PA)

Preceptor Unit: _____

Faculty: _____ Approval: _____

Office Use Only

Received:

Letter Sent:

Agency Agreement Received:

