

# Troy University

## Preceptor Information Form (FNP)

Revised 10/24/2013

Students: Please complete **entirely** and return to your instructor. This form will **not** be processed if not complete. **Type in information.** Submit as a Word document attached to an email to your clinical faculty\*.

Course Number: \_\_\_\_\_ NSG 6613 Advanced Health Assessment Preceptorship  
(Check one) \_\_\_\_\_ NSG 6666 Primary Care I Preceptorship  
\_\_\_\_\_ NSG 6668 Primary Care II Preceptorship  
\_\_\_\_\_ NSG 6680 FNP Internship

Semester/Year: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

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: \_\_\_\_\_

\* **Clinical Faculty:** PC- Dr. Whitted [kwhitted@troy.edu](mailto:kwhitted@troy.edu) Troy- Dr. Burns [dburns@troy.edu](mailto:dburns@troy.edu)  
Mtg: Dr. McHaney [dmchaney@troy.edu](mailto:dmchaney@troy.edu) Dr. Farrell [rgfarrell@troy.edu](mailto:rgfarrell@troy.edu) Dr. Riley [priley@troy.edu](mailto:priley@troy.edu)

### Office Use Only

Received:

Letter Sent:

Agency Agreement Received: