UNIVERSITY of HOUSTON | NURSING

PRECEPTOR AGREEMENT AND CREDENTIALS

Preceptor: Please fill out Part A and B of the Preceptor Agreement and Credentials form. Sign and return to student or requesting faculty member. Clinical Affiliation Agreement and Preceptor Agreement must be in place prior to the student being on site for clinicals.

PART A

Preceptor Name: ______________________________

Phone (Work):______________________ Phone (Cell): ______________________

Email: ______________________________

Name of Facility/Employer: ______________________________

Facility Address: ______________________________

Clinical Specialty: ______________________________

TX RN License #:________________ Last 4 of SSN: ____________ DOB: ____________

Check ALL Degrees Held: ☐Undergraduate ☐Graduate ☐Doctoral ☐Other: ______________

Certifications: ______________________________

If not an RN, please attach all appropriate credentials (Resume and/or CV, Certifications)

Please initial if copy of Preceptor Handbook was received: ______________________

PART B

I, ______________________________, do agree to act as a preceptor for
(Print Preceptor Name)

______________________________ in NURS ____________, who will be
(Print Student Name) (Course Number)

completing clinical rotation at ______________________________.
(Location where Clinical Affiliation Agreement exists)

I hereby agree to abide by all the rules and requirements set forth in the Preceptor Handbook:

Preceptor Signature/Date: ______________________________

Student Signature/Date: ______________________________

Faculty Signature/Date: ______________________________

(If Applicable) Other Approval/Date: ______________________________

For College of Nursing USE ONLY:

- BON Verification Date: ______________ Time: ____________ Initials: ______________
- UH Clinical Affiliation Agreement Number: ______________________________
- Justification for Qualifications if Preceptor is not an RN: ______________________