The Preceptor Intent Form is a tool created for faculty to ussess the preceptor's ability to meet the practicum course's population focus and earning outcomes for the student. Concentration () AGPCNP () FNP () PMIINP E Number First Name Course for which preceptor is being requested () NRSE 5010 () RSE 5012 () Voung & Middle Adulis Practicum () NRSE 5012 () Voung & Middle Adulis Practicum () NRSE 5014 () NRSE 5015 () NRSE 5015 () NRSE 5015 () NRSE 5016 () NRSE 5015 () NRSE 5016 () NRSE 5015 () NRSE 5016 () NRSE 5015 () NRSE 5015 () NRSE 5016 () NRSE 5016 () NRSE 5015 () NRSE 5016 () NRSE 5016 () NRSE 5016 () NRSE 5017 () NRSE 5017 () NRSE 5018 () NRSE 5019 () NRSE 5010 () NRSE 5000 () NRSE 5010 () NRSE 5000 () NRSE 6000 ()	Evaluator:	Evaluatee:				
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() Fall () Spring () Summer Year () 2017 () 2018 () 2019 () 2020 () 2020 () 2021 Are you employed by this agency? () Yes () No Have you precepted at the graduate level with this preceptor/agency before? () Yes () No If yes, for which course? How many hours do you plan to complete with this preceptor? If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below. Preceptor's Full Name Preceptor's credentials (i.e., FNP, ANP, MD, etc.)	Semes	er:
Year () 2017 () 2018 () 2019 () 2020 () 2021 Are you employed by this agency? () Yes () No Have you precepted at the graduate level with this preceptor/agency before? () Yes () No If yes, for which course? How many hours do you plan to complete with this preceptor? If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below. Preceptor's Full Name	()	Fall
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() 2017 () 2018 () 2020 () 2020 () 2021 Are you employed by this agency? () Yes () No Have you precepted at the graduate level with this preceptor/agency before? () Yes () No If yes, for which course? How many hours do you plan to complete with this preceptor? If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below.	()	Summer
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() 2020 () 2021 Are you employed by this agency? () Yes () No Have you precepted at the graduate level with this preceptor/agency before? () Yes () No If yes, for which course? How many hours do you plan to complete with this preceptor? If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below. Preceptor's Full Name	()	2018
Are you employed by this agency? () Yes () No Have you precepted at the graduate level with this preceptor/agency before? () Yes () No If yes, for which course? How many hours do you plan to complete with this preceptor? If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below. Preceptor's Full Name	()	2019
Are you employed by this agency? () Yes () No Have you precepted at the graduate level with this preceptor/agency before? () Yes () No If yes, for which course? How many hours do you plan to complete with this preceptor? If, for the same practicum, you will be precepting with an additional preceptor (s), please explain below. Preceptor's Full Name	()	2020
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Preceptor's Full Name		
Preceptor's Full Name		
	If, for	the same practicum, you will be precepting with an additional preceptor (s), please explain below.
Preceptor's credentials (i.e., FNP, ANP, MD, etc.)	Precep	tor's Full Name
Preceptor's credentials (i.e., FNP, ANP, MD, etc.)		
Preceptor's credentials (i.e., FNP, ANP, MD, etc.)		
	Precep	tor's credentials (i.e., FNP, ANP, MD, etc.)

Preceptors Email Address
Agency Name
Agency Street Address
Agency City
Agency State
Agency Zip
Agency Telephone
Agency FAX
Number of students that will be supervised concurrently by this Preceptor during this rotation?

Degree #1: Degree Type			
Degree #1: Degree School			
Degree #1: Year Received			
Degree #2: Degree Type			
Degree #2: Degree School			
Degree #2: Year Received			
Degree #3: Degree Type			
Degree #3: Degree School			
Degree #3: Year Received			

Professional Certification #2: Expiration Date				
Do you see children at your practice/clinical site?				
() Yes				
() No				
If yes, what percentage of your patients are children?				
If yes, what is the average number of children seen per day?				
Do you see adolescents at your practice/clinical site?				
() Yes				
() No				
If yes, what percentage of your patients are adolescents?				
If yes, what is the average number of adolescents seen per day?				
Do you see women at your practice/clinical site?				
() Yes				
() No				
If yes, what percentage of your patients are women?				
If yes, what is the average number of women seen per day?				

Do you see Adults at your practice/clinical site?
() Yes
() No
If yes, what percentage of your patients are adults?
If yes, what is the average number of adults seen per day?
Do you see Older Adults at your practice/clinical site?
() Yes
() No
If yes, what percentage of your patients are older adults?
If we what is the average number of older adults seen nor day?
If yes, what is the average number of older adults seen per day?
Progress toward finalization of this placement will be documented within the Project Concert site. Before beginning clinicals you must
ensure that: 1. The clinical faculty has approved the use of this preceptor; 2. The preceptor's credentials have been verified by the Office of Student Services; and 3. A contract is in place. In addition, you must ensure that you have met all clinical requirements (i.e., immunizations, liability insurance, etc.).
By clicking the "I agree" box below, I acknowledge that I have read, understand, and will abide by the above statements. () I agree