

SCHOOL OF NURSING

WILLIAM PATERSON UNIVERSITY

Graduate Program
973-720-3511

Part II

DNP PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

PLEASE SUBMIT TO THE GRADUATE NURSING PROGRAM NO LATER THAN
THE SUBMISSION DEADLINE DATE ON PAGE 1

Date Submitted: _____

**If any of the required fields are missing it will delay processing your paperwork
and this form will be returned to you for completion**

Student's name _____

Semester _____

Preceptor Name & Credentials: _____

Population Focus (& specialty if applicable) Area of Practice _____

Preceptor's Facility _____

Preceptor **Business** Address:

Street _____

City, State & Zip _____

Phone: _____ FAX: _____

EMAIL: _____

Preceptor's Unit/Type of Site _____
(e.g., clinic, private practice, primary care setting, etc.)

Characteristics of Patients:

- a) Gender _____
- b) age (children, young adult, adult, elderly) _____
- c) ethnicity _____

Healthcare experience _____
(e.g., primary care, chronic, in-hospital)

MUST BE COMPLETED BY PRECEPTOR:

NP Preceptors complete a-f, MD Preceptors complete d-f

- a) Certification (specify type e.g. adult or family) _____
- b) (specify certifying body e.g. ANCC or AANP) _____
- c) (specify expiration date) _____
- d) Years of practice in the population focused or specialty area: _____
- e) Number of students precepted concurrently: _____
- f) State licensure # _____ expiration date _____
- g) **Please upload a copy of your CV or Resume (REQUIRED)**

Email forms to jenningsj3@wpunj.edu

* William Paterson University Graduate Nursing Program does not provide honorariums for services as a preceptor.