

**William Paterson University of NJ  
School of Nursing – Graduate Program  
Wayne, NJ 07470  
973-720-3511**

**ON-GROUND MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM**

**Preceptor fills out pg. 2 & pg. 3**

Date: \_\_\_\_\_ Semester: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**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 \_\_\_\_\_
- d) primary languages spoken in office \_\_\_\_\_

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

## Part III

**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  
\_\_\_\_\_

**Please also send a copy of your CV or Resume (REQUIRED)**

NP's - please make sure your certification & expiration dates for ANCC and/or AANP are on your CV/Resume. This is a requirement of our accreditor, CCNE.

Send completed form to: jenningsj3@wpunj.edu

Rev: Jan 2023

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