

TEXAS  STATE
UNIVERSITY

The rising STAR of Texas

Preceptor Approval Form & Agreement

St. David's School of Nursing, Texas State University

Please enter the requested information in the blanks provided. When possible, students should fill in as much of the information as they can before giving it to the preceptor to complete.

Student Name: _____ Semester and Year: _____ Course #: _____

Preceptor Information

Name: _____

Preferred Email (required): _____

Clinic Name: _____ City: _____

Providers License Information:

License #: _____ Type: _____ Expires: _____

For PAs only (if preceptor is a PA, the supervising physician must provide their license # and signature):

MD License #: _____ Signature: _____

Experience:

Area of Practice: _____ Years in Area: _____

Highest Nursing/Medical Degree: _____

Are you willing to precept the student named above and sign paperwork for the student?

Yes _____ No _____

Are you willing to review the Preceptor Handbook which serves as orientation to TxState's MSN program?

Yes _____ No _____

Are you willing to participate in student evaluation twice per semester (at midterm and final)?

Yes _____ No _____

How many other students will you be precepting concurrently? _____

Are you willing to precept TxState MSN students in future semesters?

Yes _____ No _____

If you answered yes, please note if you are only available during certain times of the year: _____

(2 years of employment experience is required. Please attach required resume, CV, or portfolio)

Preceptor Signature _____ **Date:** _____

(actual signatures required, no stamps)

Please return to the student. Students, please email form to nurs_clnclplcmnt@txstate.edu for processing

Faculty-Office Use Only:

Faculty Name: _____ Signature _____ Date: _____

_____ *License Validated* _____ *Approved* _____ *Not Approved*

Rev. 7/1/2020

