

## Preceptorship Data Survey

The Board of Registered Nursing requires that a preceptor's RN license number and expiration data be kept on file by the school of nursing. In addition, home and/or work telephone numbers will be utilized to facilitate communication between the school and the preceptor. Confidentiality will be strictly maintained. Please complete the following survey and return to the clinical instructor prior to the beginning of the preceptorship.

NAME \_\_\_\_\_

RN LICENSE NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS (work or home) \_\_\_\_\_

TELEPHONE NUMBER (work/home/cell) \_\_\_\_\_

CURRENT AGENCY OF EMPLOYMENT \_\_\_\_\_

HOUR PER WEEK \_\_\_\_\_ UNIT \_\_\_\_\_ SHIFT \_\_\_\_\_

LENGTH OF EMPLOYMENT AT CURRENT AGENCY \_\_\_\_\_

LENGTH OF EMPLOYMENT IN CURRENT POSITION \_\_\_\_\_

HAVE YOU BEEN A PRECEPTOR IN THE PAST? \_\_\_\_\_

WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_