MSN Preceptor Agreement Form

I, _____________________________ agree to precept ___________________________
(preceptor) (student)
during his/her practice hours during the _____________________________ semester
(fall/ spring)
of 20___. I am aware that this will entail ______ practice hours during which the
student will engage in the application of ___________________________.

The practice site for these hours is ___________________________ and the practice
(site)
area is ___________________________.
(specify unit/ or specialty area)

The student and preceptor have developed the following outcomes for the practicum:

1. 
2. 
3. 

I agree to provide a summative report at the conclusion of the _____ practicum
hours about the student’s performance in meeting the outcomes listed above.

(preceptor signature & credentials) (preceptor title) (date)

Preceptor contact information:
Agency:

Phone: ___________________________ Email: ___________________________

(student signature) (date)