

SONOMA STATE UNIVERSITY  
Department of Nursing  
FNP Preceptorship

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

*If you prefer, you may submit a CV in lieu of this form, if the CV contains the information contained in this form.*

CLINICAL PRECEPTOR VITAE (BRIEF)

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

AGENCY: \_\_\_\_\_

Type of License: \_\_\_\_\_ License No. \_\_\_\_\_ Expires: \_\_\_\_\_

SCHOOL TRAINING INCLUDING COLLEGE OR UNIVERSITY & OTHER SCHOOLS IN SPECIAL SUBJECTS:

Name of School	Location	Dates Attended	Degree or Diploma

SPECIAL & PRIVATE TRAINING:

Name of Institution	Dates Attended	Subjects Covered	Credit Equivalent

CLINICAL EXPERIENCE:

Type:  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF EXPERIENCE:

\_\_\_\_\_

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS:

\_\_\_\_\_  
\_\_\_\_\_

INTEREST AREAS IN WORKING WITH STUDENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided is accurate and complete to the best of my knowledge and belief:

Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

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