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| SONOMA STATE UNIVERSITY |
| Department of Nursing | Date: |
| FNP Preceptorship |

*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:

*PLEASE ATTACH A COPY OF YOUR LICENSE*