This document needs to be submitted to the Blackboard Preceptor Site no later than 3 months prior to clinical practicum to ensure that contract and other arrangements can be made. Nurse Practitioner students may not select a hospital setting for clinical hours.

Student Name___________________________________________________     Course #_________________
IPFW ID#______________________________________________________     Semester:___________________

Preceptor Information
Preceptor Name: _______________________________________________________________________________________
Area of Specialization: _________________________________________________________________________________
Position and Title: _____________________________________________________________________________________
Office Phone, Extension, or Page: ( ) _____________________________________________________________________

Preceptor’s Preferred method of receiving preceptor paperwork:
E-mail ________________________________________________________________________________________________
Address: _____________________________________________________________________________________________

Is this practice owned by a hospital? ____yes ____no   If so, what hospital:_____________________________________

Agency/Office Information
Agency/Office Name: ______________________________________________________________

Go to the Blackboard Preceptor Site and view the Preceptor Data Base. If your preceptor is not listed you will need to complete the New Preceptor Approval form along with this form. If your preceptor is on the list please list the expiration dates listed below. If anything has expired or will expire during the semester you are at the clinical site you will need to provide this information before starting your clinical rotation.

MD/NP License Expiration Date _________________
NP Board Certification Expiration Date __________
MD/NP Resume/CV Expiration Date ______________
Contract Expiration Date ________________________

By signing this Practicum Information form, I confirm that I have completed requirements, AND I have a copy of each for my own personal records.

Student Signature: ___________________________________________ Date:___________________________
Faculty Signature: ___________________________________________ Date:___________________________