



Kentucky Christian University
Yancey School of Nursing

nursing@kcu.edu

Preceptor Approval Form

Student Information *(to be completed by the student)*

Student Name _____

Number of Clinical Hours Needed _____ Dates of Rotation _____

Note: Rotations can take place anytime during summer or fall semester. Plan for an average of 18 hours a week of clinicals.

Preceptor and Practice Information *(to be completed by the Preceptor)*

Name _____ Academic Credentials (MD, DO, NP, PA) _____

Email _____ Phone (_____) _____

License Number _____ State of Licensure _____ Number of Years Experience in Current Setting _____

Licence Expiration Date _____ Certifying Body (NPs only) _____

Number of students supervised concurrently? _____

Name of Practice _____ Practice Phone (_____) _____

Practice Address _____

Contact Person _____ Practice Specialty _____

Types of Patients Seen _____

Please return this form to KCU, Yancey School of Nursing

By Email

kegeyer@kcu.edu

By Mail

100 Academic Parkway #2047
Grayson, KY 41143-2205

By Fax

606-474-3342

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Received (date) _____ | <input type="checkbox"/> Confirmation email sent to preceptor |
| <input type="checkbox"/> Preceptor Approved by (Faculty) _____ | <input type="checkbox"/> Preceptor entered into Typhon |
| <input type="checkbox"/> Affiliation agreement in place | |