HEALTH COMMUNITY FORUM

PRECEPTOR BIOGRAPHICAL SKETCH

|  |  |
| --- | --- |
| Name | Credentials |
| RN License # | Date of Expiration |
| Preferred Phone: | E-mail |
| Employer | Unit/Position |
| Preceptor Class/Training YES NO | Date Completed: |
| Typical Work Schedule: | Shift Hours: |

Educational Preparation

|  |  |  |  |
| --- | --- | --- | --- |
| College/University | City, State | Degree/Yr Earned | Major/Area of Study |
|  |  |  |  |
|  |  |  |  |

Experience (Start with most recent experience)

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Position | Clinical Area | From To  Mo/Yr Mo/Yr |
|  |  |  |  |
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|  |  |  |  |

Professional Memberships/Activities (committees, organizations, professional presentations, publications)

|  |  |  |  |
| --- | --- | --- | --- |
| Committee | Organization | Presentation | Publication |
|  |  |  |  |
|  |  |  |  |

Assigned Student

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name | School | Yr/Semester | Unit |
|  |  |  |  |
|  |  |  |  |