



# THE UNIVERSITY OF TOLEDO

## APRN Preceptor Agreement Form

**Instructions:** Student, complete the top portion of this form and deliver to your preceptor to complete. You cannot begin a clinical experience until this form is completed, signed & returned electronically to: [APRNplacements@utoledo.edu](mailto:APRNplacements@utoledo.edu)

Today's Date: \_\_\_\_\_ Semester and Year of Clinical: \_\_\_\_\_

Course # \_\_\_\_\_ Number of clinical hours requested: \_\_\_\_\_ Student RN License # \_\_\_\_\_

**Student Full Name:** \_\_\_\_\_  
(As it appears on RN license)

Student Tel. #: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student signature: \_\_\_\_\_

**Instructions:** Preceptor, please complete this portion of the form and return to the student.

**Preceptor Full Name:** \_\_\_\_\_  
(As it appears on professional license)

Title: \_\_\_\_\_ Discipline \_\_\_\_\_ Credentials: \_\_\_\_\_

Certification: \_\_\_\_\_ Education: \_\_\_\_\_

Clinical Specialty Area: \_\_\_\_\_ Years in Advanced Role: \_\_\_\_\_

License/Endorsement # \_\_\_\_\_

Number of students you are supervising this semester concurrently per day: \_\_\_\_\_

Preceptor email: \_\_\_\_\_

**Name of Agency/Clinical Practice Site:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Site Office Tel. #: \_\_\_\_\_

Type of site (e.g. primary care, acute care, long-term care): \_\_\_\_\_

Types of patients seen at site (e.g., child, adult, older adult or across the lifespan): \_\_\_\_\_

Number of clinical hours agreed upon: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For College Of Nursing Use Only

Typhon - Student \_\_\_\_\_  
Site \_\_\_\_\_  
Preceptor \_\_\_\_\_

License - Student \_\_\_\_\_  
Preceptor \_\_\_\_\_  
Health \_\_\_\_\_

Active Contract \_\_\_\_\_  
Green Light Given \_\_\_\_\_