

**The University of Texas at Austin, School of Nursing
Prospective Preceptor Information**

Please complete the following form and e-mail to: criazzi@mail.nur.utexas.edu

1. First Name: _____ 2. Last Name: _____

3. Credentials: _____

4. Have you precepted a University of Texas School of Nursing student prior to this semester?
 Yes No

5. Are you interested in precepting:
 Undergraduate student Graduate student No preference

6. Site Name: _____

7. Site Mailing Address: _____

Unit: _____ (If applicable)

8. Office Phone: _____ 9. Cell Phone: _____ 10. Home Phone: _____

11. E-mail Address: _____ Re-enter E-Mail Address: _____

12. Practice Specialties: _____

13. Experiences Available (Please check all applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Home Health | <input type="checkbox"/> Public Nursing/School Health |
| <input type="checkbox"/> Adult Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> Community | <input type="checkbox"/> Neonatal | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Pediatrics | |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Private Practice | |

14. Highest Degree Earned:

- | | | |
|------------------------------|--|--------------------------------------|
| <input type="checkbox"/> LVN | <input type="checkbox"/> DO | <input type="checkbox"/> PhD |
| <input type="checkbox"/> ADN | <input type="checkbox"/> MA | <input type="checkbox"/> MD |
| <input type="checkbox"/> BA | <input type="checkbox"/> Masters Program | <input type="checkbox"/> JD |
| <input type="checkbox"/> BS | <input type="checkbox"/> MS | <input type="checkbox"/> LBSW |
| <input type="checkbox"/> BSN | <input type="checkbox"/> MSN | <input type="checkbox"/> MPH |
| <input type="checkbox"/> DDS | <input type="checkbox"/> PA | <input type="checkbox"/> Other _____ |

15. Questions:

THANK YOU FOR YOUR INTEREST IN PRECEPTING A UT AUSTIN SCHOOL OF NURSING STUDENT!