

**ANGELINA COLLEGE
NURSING PROGRAM
PRECEPTOR INFORMATION**

Preceptors for the nursing program complete this information form.

1. General Information

Name: _____

Address: _____

Telephone Number: _____ Business _____

Email: _____

2. License and Certifications (include license number and expiration dates)

3. Professional Memberships, Honors, Awards, etc.

4. Education and Training

School _____

Address _____

Dates Attended _____ to _____ Graduation date _____

Degree Obtained _____

School _____

Address _____

Dates Attended _____ to _____ Graduation date _____

Degree Obtained _____

5. Past Two (2) Years of Work Experience, beginning with most current.

1. _____

2. _____

Thank you for taking the time to fill out this information.