

UNIVERSITY OF WYOMING – COLLEGE OF HEALTH SCIENCES

FAY W. WHITNEY SCHOOL OF NURSING  
DEPT. 3065, 1000 E UNIVERSITY AVE, LARAMIE, WY 82071  
Phone: 307-766-4312; Fax: 307-766-4294

**BSN PRECEPTOR QUALIFICATION SHEET**

**General Information**

Name: \_\_\_\_\_  
Last, First, Middle

Contact Preference (circle all that apply): Phone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Discipline or Specialty: \_\_\_\_\_ Years in Role: \_\_\_\_\_

RN License Date Expires: \_\_\_\_\_

Additional Licensure and/or Certification: \_\_\_\_\_

**Experience: List your nursing or medical experiences beginning with your present position.**

Name and Full Address of Organization	Position/Unit	Dates of Experience

**Education: List academic and professional education, beginning with your most recent degree.**

Name and Location of School/College	Major	Dates of Attendance	Year Graduated	Degree or Credit

Are you working on a degree in nursing or other discipline? Bachelors: \_\_\_\_\_ / Masters: \_\_\_\_\_ / Doctoral: \_\_\_\_\_ / Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form last updated: 1/15/2014



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