

UNIVERSITY OF WYOMING – COLLEGE OF HEALTH SCIENCES

**FAY W. WHITNEY SCHOOL OF NURSING
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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 Number and 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:** _____

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RN LICENSE VERIFICATION: Signature _____ **Date** _____