

NP PRECEPTOR QUALIFICATION SHEET

Updated 12/10/18

Fax or Email to Graduate Nursing Office at 307-766-4294 or gradnurse@uwyo.edu

General Information

Name: _____ E-mail Address: _____
Last, First, Middle

Cell Phone: _____ Work Phone: _____ Contact Preferred: Cell Phone Work Phone Email

Title: _____ Credentials: _____

Discipline or Specialty: _____ Years in Role: _____

Type of Supervision (adult, family, acute etc): _____

Type of Patients care for (acute, chronic, inpatient, outpatient, etc.): _____

License #: _____ State: _____ Date Expires: _____

Are you certified by a national certifying body? Yes No

If yes, name the national certifying body: _____ Date of certification expiration: _____

Please feel free to attach a current CV if it includes the following information:

Employment Information

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

Signature: _____ Date: _____

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