



Eastern Michigan University
GRADUATE PRECEPTOR AGREEMENT TO SERVE (form #2)

Student Name: _____ Semester/year: _____

Course Number: _____ Dates (inclusive): _____

Preceptor's Name/Title: _____

Phone: () _____ E- Mail address: _____

Preferred method of contact: _____

Employer (Corporate) Name: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone () _____ Work Fax: () _____

Mailing Address (if different from above):

Address: _____

City _____ State _____ Zip _____

License & Certification Details (Required for School accreditation. Must be accompanied by docs/images)

Michigan RN & NP License Number: _____ Expiration Date (s): _____

Certifying Body (ANCC or AANP) _____ APN Certification Specialty _____

Expiration Date: _____

Michigan MD, DO, PA License Number: _____ Specialty Board Certification: _____

Expiration Date: _____

Preliminary Agreement

I agree to precept: _____ during the _____ Semester.
(student name) (Winter, Summer, Fall / Year)

Preceptor Signature: _____ Date: _____

How would you like to receive your 'Preceptor Hour Certification Form? e-mail work address
 other mailing address

Preceptors, please provide the student a copy of your CV (abbreviated template avail upon request), License, Certification (if applicable) and Degree or email to Bobbi Towne at: rtowne1@emich.edu or fax to (734) 487-6946

Submit CV/Resume:
Submit copy of License

Submit copy of highest degree
Submit copy of Certification