

School of Nursing

Graduate Preceptor Agreement Form

Student Name: _____

EID: _____ What unit will you be working on: _____

Day of week at site: _____ Anticipated duration of clinical experience: _____

- **Preceptor or Office Manager to fill out only:**

- I, _____ (*preceptor name*) agree to precept _____

(*student name*) Preceptor signature: _____

Michigan RN & NP License Number: _____

Expiration Date (s): _____

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

- Michigan MD or DO License Number: _____ Expiration Date: _____

- Specialty Board Certification: _____

- Number of students precepted concurrently with this applicant: _____

Years in role: _____

- **The following items are required to be on file for accreditation purposes:**

- CV/Resume
- Copy of highest degree
- State Medical License
- Board Certification (MD, DO, NP, CNS & PA)

- Please submit these documents to Jennifer Zajac: jzajac1@emich.edu

- **To be filled out by EMU only:**

- Is affiliation agreement in place: _____ yes _____ pending

- _____ approved _____ denied

- By: _____ Date: _____

Students: Please submit both preceptor forms into Project Concert or by email to Jennifer Zajac. If you have any questions, please contact Jennifer Zajac at jzajac1@emich.edu or by calling: 734-487-6599.