

## DNP Preceptor Agreement Form

**Preceptor to fill out only:**

I, \_\_\_\_\_ (*preceptor name*)

agree to precept \_\_\_\_\_ (*student name*).

Preceptor signature:

\_\_\_\_\_

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

License Number: \_\_\_\_\_ Expiration Date (s): \_\_\_\_\_

Certification Specialty: \_\_\_\_\_ Certifying Body: \_\_\_\_\_

Years in Advanced Role: \_\_\_\_\_

**Step 2:** Once completely filled out, this document and the following items are required to be uploaded into the DNP Preceptor Request form in Project Concert:

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

- € Resume
- € License
- € Board Certification
- € Copy of Highest Degree (Diploma)

Any questions, please contact Dejuana Jackson at: [djack129@emich.edu](mailto:djack129@emich.edu)