



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 Katie Miszak: kmiszak2@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 Katie Miszak.

If you have any questions, please contact Katie Miszak at kmiszak2@emich.edu or by calling: 734-487-6599.