



## 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 Deanna Kowaleski: [dkowales@emich.edu](mailto:dkowales@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 Deanna Kowaleski.

If you have any questions, please contact Deanna Kowaleski at [dkowales@emich.edu](mailto:dkowales@emich.edu) or by calling: 734-487-6599.