

Preceptor Placement Agreement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution Information | | | | |
| Name of Institution | | Click or tap here to enter text. | | | |
| Semester | | Click or tap here to enter text. | | | |
|  | | |  | | |
| Contact | | | Faculty/Instructor *(If different)* | | |
| Name | Click or tap here to enter text. | | Name | Click or tap here to enter text. | |
| Phone # | Click or tap here to enter text. | | Phone # | Click or tap here to enter text. | |
| E-mail | Click or tap here to enter text. | | E-mail | Click or tap here to enter text. | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Request | | | | | | | | | |
| Clinical Unit | Click or tap here to enter text. | | | Course Title | Click or tap here to enter text. | | | | |
|  | | | | | |  | |  |  |
| Day(s) of the Week | | Click or tap here to enter text. | | | | Type of Student |  | | BSN |
| Shift Preference | | Click or tap here to enter text. | | | |  |  | | ADN |
| Class Begins | | Click or tap here to enter text. | | | |  |  | |  |
| Class Ends | | Click or tap here to enter text. | | | | Level of Students |  | | Year 3 |
| Nebraska Med Colleague | | | Yes  No | | |  |  | | Year 4 |
|  | | |  | | |  |  | |  |
|  | | |  | | |  |  | |  |

Notes:

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| --- | --- | --- | --- |
| Approval |  |  |  |
| Unit Manager Signature |  | Date |  |
| Student Coordinator |  | Date |  |
|  | *(Nursing Professional Practice and Development)* |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Preceptor name |  | Shift: Day  Night |
| Preceptor email/phone |  |  |

Submit to: [nursingstudents@nebraskamed.com](mailto:nursingstudents@nebraskamed.com), Zip 2456

Nursing Professional Practice & Development, Nebraska Medicine,

987447 Nebraska Medical Center, Omaha, NE 68198-2456