

Preceptor Placement Agreement

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| 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 |
|  |  |  |  |  |
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Notes:

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

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

Submit to: nursingstudents@nebraskamed.com, Zip 2456

Nursing Professional Practice & Development, Nebraska Medicine,

987447 Nebraska Medical Center, Omaha, NE 68198-2456