

GEORGIA BOARD OF NURSING
PRECEPTOR QUALIFICATION RECORD

NAME _____ GEORGIA LICENSE # _____
 Last First Maiden/Middle

ADDRESS: _____
 Street City State Zip

EMPLOYED BY: _____
 Agency/Institution Location

List professional education/national certification in chronological order:

Name of Institution	Location	Diploma/Degree/ National Certification	Year Granted	Major Field

Current Employment

Health care setting in which you are employed: _____

Job Title: _____

Have you been employed as an RN at least one year on the above setting? Yes ___ No ___

Preceptorship

Name of affiliating nursing education program: _____

Please describe how the student's learning goals are/were enabled by your education and/or expertise.

Preceptor Signature

Date