

Potential Preceptors for PNP-Acute Care Students

Name:

Contact information (e-mail/address/phone):

Best times to contact:

Graduate education & Certification:

Hospital & Subspecialty Practice:

Employment Status: Part time

Full time

Number of years as a PNP in the subspecialty:

Number of hours you would consider precepting a student:

Specific months you would consider precepting a student:

Thank you!

Please email your response to:

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