

CENTRAL TEXAS COLLEGE
Department of Nursing
preCepTorshipCenter

APPLICATION

Last Name _____ First Name _____ MI _____

SS# _____ TX RN License # _____

Home Address _____

City/State/ZIP Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Current Employer _____

Work Location (City) _____

Work Phone _____ Work FAX _____

Education A.D.N. BSN MS MSN

Work Experience1 (current/most recent position):

Work Experience2

Work Experience3

Supervisor's Name _____

Clinical Unit _____

Routine Schedule/Shift _____

I understand that I must successfully complete the online preceptor orientation before I am considered for a preceptor position through my employer. I must sign an agreement with the CTC Department of Nursing (DON). This is an unpaid position. In the event, I am unable to report for my assigned scheduled day(s), I will notify the DON and the student and, at that time, another date and time will be scheduled.

Signature of Preceptor

Date

Signature of Department of Nursing Chairperson

Date