

CENTRAL TEXAS COLLEGE
Department of Nursing and Allied Health

preCepTorshipCenter
APPLICATION

Last Name_____First Name_____MI_____

Last 4 SS#_____TX RN License #_____

Home Address_____

City/Zip Code_____

Home Phone_____Cell Phone_____

Work E-mail_____

Employer_____

Work Phone_____FAX:_____

Head Nurse/Manager_____

Clinical Unit_____Routine Schedule/Shift_____

Education:

Work Experience beginning with current position:

I have read the Texas Board of Nursing Education Guideline pertaining to the Precepted Clinical Learning Experiences located at:
http://www.bne.state.tx.us/pdfs/education_pdfs/education_nursing_guidelines/3.8Clinical_Learning_Experiences/3-8-3-a.pdf . I understand that I must successfully complete the CTC preceptor orientation before I am considered for a preceptor position through my employer. I must sign an agreement with the CTC DON. This is an unpaid position. In the event, I am unable to report for my assigned scheduled day(s), I will notify the CTC DON faculty and the student and at that time another date and time will be scheduled. I understand that I may NOT assign the student to another RN.

Signature of Preceptor

Date

Signature of Department of Nursing Chairperson

Date