



The UNIVERSITY of OKLAHOMA
Health Sciences Center
Fran and Earl Ziegler College of Nursing

SITE – PRECEPTOR-AGREEMENT FORM
NP PROGRAM

COURSE NAME		SEMESTER	
CLINICAL SITE			
SITE ADDRESS			
SITE CITY		SITE ZIP	
SITE PHONE			
PRECEPTOR NAME & CREDENTIALS			
SPECIALTY			
PRECEPTOR EMAIL			
CONTRACT IN PLACE? Yes	<input type="checkbox"/>	<u>If a contract is not in place, do NOT fill out this form yet !</u>	

STUDENT NAME	
STUDENT CELL	
OUHSC EMAIL	

EDUCATION/CERTIFICATIONS OF PRECEPTOR

INSTITUTION	Degree/Certification	Year Obtained
PRECEPTOR LICENSE #		
# OF YEARS IN SPECIALTY		

AGREEMENT SIGNATURES	
PRECEPTOR SIGNATURE / DATE	
STUDENT SIGNATURE / DATE	

1. Save the completed form to your computer.
2. Email the completed form to Mary-White@ouhsc.edu.