Preceptor Application and Agreement Checklist

You must have the following information on hand for filling out the online form. Information missing from the application may result in the application not being processed.

REGISTRATION INFORMATION REQUIRED

- ☐ Term Requested
- ☐ Program of Study
- ☐ Course Number

STUDENT INFORMATION REQUIRED

- ☐ First Name
- ☐ Last Name
- ☐ City
- ☐ State
- ☐ Email Address (SJCME.EDU Only)
- ☐ Academic Advisor
- ☐ RN License & State (if applicable)

AGENCY INFORMATION REQUIRED

- ☐ Site Name
- ☐ Street Address
- ☐ City
- ☐ State
- ☐ Zip Code
- ☐ Contact Name
- ☐ Contact Title
- ☐ Telephone Number
- ☐ Email

PRECEPTOR INFORMATION REQUIRED

- ☐ Practice Name or Hospital Dept.
- ☐ First Name
- ☐ Last Name
- ☐ Street Address
- ☐ City
- ☐ State
- ☐ Zip Code
- ☐ Phone (Office)
- ☐ Mobile Number
- ☐ Email
- ☐ Practice Specialty
- ☐ Credentials
- ☐ License No. & State
- ☐ Copy of the Preceptor's Resume