CSUDH | CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS

Family Nurse Practitioner Preceptor Information

Preceptor Information		
Preceptor Full Name and Credentials: (MD, DO, NP, CNM)		
Preceptor Email:	**Preceptor Phone:**	
Preceptor Specialty: (e.g., Family, Adult, Internal Med, Pediatrics, OBGYN)		
Board Certification: NP/CNM Specialty ______________________ MD or DO Specialty ______________________	__ AANP __ AMCB __ANCC	
Preceptor Education Preparation (list schools, year graduated & degree conferred		
Preceptor professional position past 5 years:		

Facility Information				
Legal Name of Primary Clinic/Facility:				
Street Address **City & Zip Code**				
Web Address/URL of Facility:				
Type of Setting:	Private office Assisted living	Outpatient clinic Telehealth	Urgent care Other:	ED fast track
Patient Population: (Check all that apply)	Adult GYN/Women's Health	Geriatric	Pediatric Other:	Prenatal/postnatal

Contact Information
Name of Office Contact:
Contact's Role at the Facility: (Director, Owner, Nursing education, etc)
Contact Email:
Contact Phone Number:
Contact for Affiliation Agreement: (If different from Contact above)
Contact for Onboarding of the Student: (If different from Contact above)

rev 2/11/22 lcg

Preceptor Signature **Date**