

Preceptor Information

Please note: All information will be kept confidential. Only persons directly involved with the distance program will have access. Please attach business card, if available.

Prospective Intern Name: _____

Preceptor name: _____ Facility: _____

Previously worked with BGSU Distance Intern? _____ Yes _____ No

If you have previously worked with a BGSU intern, you do not need to complete this form as your information is on file. Please indicate the name of the previous intern (indicate the most recent intern if you have worked with more than one.

Registration and/or license number (if applicable) _____

Phone number(s): _____

E-mail address: _____

Educational and professional credentials (List academic degrees and additional certifications/training)

Years of professional experience: _____ Years at current position: _____

Previous experience as preceptor: _____

Areas of expertise

Rotation and learning experience for which preceptor would be responsible

Means of maintaining competence

_____ attendance at professional meetings _____ completion of self-studies
_____ maintenance of advanced credential (CDE, CNSD) _____ other _____

Please review the list of competencies per rotation type and indicate whether the intern will be able to complete all or most of them. An example of a planned experience that can meet the competency is included, however these examples should not be considered the only method of meeting competence.

Intern can meet all or most of the designated competencies at this facility yes no

Preceptor recommendations of how intern should prepare for rotation

Recommended readings or resources
