

**The University of Texas at El Paso**  
**College of Nursing**  
**Graduate Program**  
**MSN Student Preceptor Approval**

I, \_\_\_\_\_, agree to precept student, \_\_\_\_\_, in his/her  
Preceptor Student  
clinical rotation at \_\_\_\_\_  
Clinical Site

for the \_\_\_\_\_ semester. I understand that prior to the student beginning clinical rotation, an established Affiliation Agreement (AA) between the school and facility will be in place. The AA will be approved and verified by the program coordinator. By signing at the bottom of this form I acknowledge to the best of my knowledge that the following information is correct:

**Preceptor Name:** \_\_\_\_\_

Population/Specialty focus area of practice: \_\_\_\_\_

Years of practice in this population/specialty: \_\_\_\_\_

Number of students precepted concurrently: \_\_\_\_\_

Preceptor Credentials and Certifications: \_\_\_\_\_

Preceptor Professional License: State, Number and Expiration Date\*:

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***\*Required: copy of preceptor's current CV/resume and professional license***

Preceptor Phone Number: \_\_\_\_\_

Preceptor Email: \_\_\_\_\_

Preceptor Orientation Booklet received (student will provide a copy): Preceptor's initials \_\_\_\_\_

**Preceptor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved by UTEP Program Coordinator: Yes No Initials: \_\_\_\_\_ Date: \_\_\_\_\_