

ANGELO STATE UNIVERSITY
Department of Nursing
Preceptor Profile (MUST also include current CV)

Student Name: _____ Course NUR _____ Semester _____

PRECEPTOR NAME _____ DATE _____

Professional License Number _____ Expiration Date _____

Issuing State Agency _____ Malpractice Expiration Date _____

Agency/Practice Name _____

Office Address _____

Office City _____ State _____ Zip _____

Age Range of Patients Service: _____

Average Number of Patients per Day: _____

Estimated Number of Pediatric Patients per day (if Family Practice) _____

Estimated Population Focus: ___% Caucasian ___% Hispanic ___% African American ___% Other

Estimated Payment Types: ___% Medicaid ___% Medicare % Private Insurance ___% Self

Preferred Method of Contact (Check One)

Phone Number: _____

Email Address: _____

CONTACT PERSON IN YOUR AGENCY _____

CONTACT PERSON'S PHONE NUMBER _____

CONTACT PERSON'S FAX NUMBER _____

Would you be interested in offering guest lectures to the Graduate Program? yes no
If so, please list topics. _____

NAME _____ DATE _____

**This material is kept secured at the
ASU Department of Nursing and Remains Confidential.**

PLEASE RETURN TO: Graduate Secretary
325-486-6875 or 325-942-2236 (fax)
MAIL: Department of Nursing
ASU Station #10902
San Angelo, TX 76909-0902