



**School of Nursing**  
**EMU Preceptor Agreement Form**

Student Name: \_\_\_\_\_ What unit will you be working on: \_\_\_\_\_

Anticipated duration of clinical experience: \_\_\_\_\_

**Preceptor or Office Manager to fill out only:**

I, \_\_\_\_\_ (*preceptor name*)

Preceptor signature: \_\_\_\_\_

Michigan RN, NP or PA License Number: \_\_\_\_\_

Expiration Date (s): \_\_\_\_\_ Board Certification Specialty: \_\_\_\_\_

Certifying Body (ANCC, AANP, etc.): \_\_\_\_\_

Michigan MD or DO License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Board Certification Specialty: \_\_\_\_\_

Number of students precepted concurrently with this applicant: \_\_\_\_\_

Years in role: \_\_\_\_\_

**The following items are required to be on file for accreditation purposes:**

CV/Resume

State Medical License

Copy of highest degree

Board Certification (MD, DO, NP, CNS, NP & PA)

Please submit these documents to Dr. Vicki Washington - [vwashing@emich.edu](mailto:vwashing@emich.edu)

Any questions regarding these forms, please contact Dr. Vicki Washington