

## TN eCampus Master of Science in Nursing

### PRECEPTOR CURRICULUM VITAE

Date:	
First Name:	Last Name:
Email:	Phone:

### PROFESSIONAL PRACTICE (Last Three Years)

<u>Dates</u>	<u>Activity</u>	<u>Location</u>	<u>Institution and Affiliation</u>
From: To:			
From: To:			
From: To:			

### HIGHER EDUCATION

<u>Dates</u>	<u>Degree</u>	<u>Date</u>	<u>Institution</u>	<u>Field/Specialty</u>
From: To:				
From: To:				
From: To:				

### ACADEMIC APPOINTMENTS

<u>Dates</u>	<u>Title</u>	<u>Status</u>	<u>Institution and City/State</u>
From: To:			
From: To:			
From: To:			

**PRECEPTOR CURRICULUM VITAE (Continued)**

**PROFESSIONAL AND SCIENTIFIC MEMBERSHIPS**

<u>Dates</u>	<u>Organization</u>	<u>Position</u>
From: To:		
From: To:		
From: To:		

**ACADEMIC AND PROFESSIONAL HONORS**

<u>Date</u>	<u>Honor</u>	<u>Conferring Organization / Agency</u>
Date:		
Date:		

**MOST RECENT PUBLICATIONS AND CONTINUING EDUCATION**

<u>Date</u>	<u>Name of Article or CE Course</u>
Date:	
Date:	

Please check the appropriate answer:

How many years have you been in clinical practice as an NP/MD/DO/CNM/PA?

- a) > 15 years
- b) 11 – 15 years
- c) 6 – 10 years
- d) 3 – 5 years
- e) 3 -5 years
- f) 0 – 2 years

How many years have you preceptored students (e.g., NP, MD)?

- a) > 10 years
- b) 5 - 9 years
- c) 1 - 4 years
- d) < 1 year
- e) 0

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**Preceptor's Signature**

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**Date**