

PRECEPTOR VERIFICATION FORM

Thank you for agreeing to be a preceptor for a graduate nursing student at Liberty University. Your dedication to the nursing profession and graduate education is greatly appreciated. Please complete this form to verify your professional credentials, clinical specialty, and teaching setting.

Student Name: _____

Preceptor Name: _____

Institution and year where BSN obtained: _____

Institution and year where MSN obtained: _____

Institution and year where PhD or EdD obtained: _____

RN license number and state in which licensed: _____

Clinical specialty area: _____

Teaching/education setting: _____

Curriculum vitae: [please attach]

Please email this completed form along with a copy of your current CV as an electronic file [scanned or PDF file] to the student. The student will then submit this documentation to the course professor.