## Troy University MSN Preceptor Information Form

Download form as a Word document and type all required information. Save as a Word document and email as an attachment to your campus faculty. Incomplete forms will not be processed. You may not do clinical hours in a hospital setting (rounds, ER, ICU, or hospitalists) until NSG 6680 FNP Internship.

Student Name: Cell phone: Home phone: Work phone: Email address: DATE submitted:	Course NSG 6613: Advanced Health Assessment NSG 6666: Primary Care I NSG 6668: Primary Care II NSG 6680: FNP Internship NSG 6636: Advanced Nursing Practice I NSG 6637: Advanced Nursing Practice II FallSpringYear
Clinic Name: Address: Clinic Contact Person: Phone:	Title: Email:
Is clinic owned by a hospital or large corporation?y Corporation Name: Address: Corporation Contact Person: Phone:	ves no Title: Email:
Preceptor Name:       Credential:         Specialty:       Clinic Name #1:         Address Clinic Name #1:       Email:	
Will you precept at another clinical site with this preceptor?YesNo Clinic Name #2: Address Clinic Name #2: Phone: Email:	
<ul> <li>Montgomery: (A-H) Dr. Djuana Burns dburns@troy.edu         <ul> <li>(I-P) Dr. Sherry Seibenhener sseibenhener@troy.edu</li> <li>(Q-Z) Dr. Patsy Riley priley@troy.edu</li> </ul> </li> <li>Phenix City: Dr. Kelli Whitted kwhitted@troy.edu         <ul> <li>Dothan: Dr. Missy Mason smmason@troy.edu</li> <li>Dr. Sabrina Kelley skelley@troy.edu</li> <li>Troy: Dr. Stacey Jones sjjones@troy.edu</li> <li>HINL: Dr. Shellye Vardaman svardaman@troy.edu</li> </ul> </li> </ul>	
Office Use Only Faculty approval: yes no Signature: Is a formal contract required?yes no If yes, do we have an existing contract? Letter sent:	

Agency Agreement / Acknowledgement / Bio Sketch received