



## Preceptor Agreement

I, \_\_\_\_\_, have identified the following preceptor and he/she agrees to serve as my site preceptor for the DNP immersion project courses. I verify that I have provided this preceptor with a copy of the Aspen University DNP Handbook on \_\_\_\_/\_\_\_\_/\_\_\_\_(today's date).

Student's Full Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

### Preceptor's Information:

Preceptor's Full Name: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Preceptor's Education: Degree (Highest Level Attained):

\_\_\_\_ DNP      \_\_\_\_ Ph.D.      \_\_\_\_ Ed.D.      \_\_\_\_ MD

\_\_\_\_ Other Doctoral Degree Specialization \_\_\_\_\_

RN License # (if applicable) \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Preceptor's Acknowledgement and Acceptance:

I agree to function as the immersion site preceptor. I have reviewed the DNP Handbook and accept the role and function as a preceptor. The information provided herein is true to the best of my knowledge.

Signature (*No Typed Signatures*) \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Preceptor's Experience (Please attach and submit a 5-year resume or CV)

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### Immersion Site Information (Should be the Same as the Site Agreement):

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Student: Please email this form to ofe@aspen.edu in .pdf format.**