



## Preceptor Agreement

### Aspen University - Preceptor Agreement – DNP Immersion

\*\*Student: Submit this completed form to Project Concert\*\*

I, \_\_\_\_\_, have identified the following preceptor and he/she agrees to serve as my site preceptor for this/these course(s) DNP \_\_\_\_\_. 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)**

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

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

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

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

#### ASPEN UNIVERSITY APPROVAL:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_