The University of Scranton
Department of Nursing
Family Nurse Practitioner
Student Preceptor Request Form

Please fill in all requested information and submit to Dr. Jo Ann Nicoteri via email at joann.nicoteri@scranton.edu, or fax at 570-941-7903, or to the secretaries in the Nursing Department - McGurrin Hall AT LEAST ONE MONTH BEFORE THE START OF THE SEMESTER. All preceptors must be approved by Dr. Nicoteri.

This form is to be completed by the student, it is NOT to be given to the preceptor to complete. Incomplete forms will be returned. Thank you.

GRADUATE STUDENT INFORMATION:       DATE: ____________________________
STUDENT NAME: ____________________________________________________________
CELL PHONE NUMBER: _______________________________________________________

PLANNED SEMESTER OF CLINICAL:
FALL SEMESTER __________ YEAR ______________
SPRING SEMESTER __________ YEAR ______________

PRECEPTOR INFORMATION: (This section is to be completed by student – do NOT give the form to the preceptor to complete)
PRECEPTOR NAME: __________________________________________________________
PRECEPTOR CREDENTIALS (circle one):    MD    DO    CRNP    CNM
LICENSE #: ________________________________________________________________
SPECIALITY (circle one):           FAMILY    PEDS    INTERNAL MEDICINE    OB/GYN    OTHER
NAME OF OFFICE OR PRACTICE SETTING: __________________________________________
ADDRESS: _______________________________________ CITY: ____________________
PHONE: ________________________________________________________________
OFFICE MANAGER OR OTHER CONTACT PERSON : __________________________________
WITH WHOM HAVE YOU MADE CONTACT? _______________________________________

Revised 9/13 yellow