**Clinical Preceptor Agreement**

**Amarillo College Nursing Program**

This agreement is between the Amarillo College Nursing Program and

Date

(Agency Name)

The responsibilities of the Amarillo College (AC) Nursing Program clinical preceptor and affiliating agency are available and delineated on the AC Nursing Program website at: <https://www.actx.edu/nursing/index.php?module=article&id=233>

This includes clinical preceptor orientation and specific course objectives for precepted clinical learning experiences.

Name of Preceptor (Print name as known to the Texas BON )

Birthdate and Last 4 digits of Social Security Number **OR** RN License Number

Licensure Expiration Date Educational Preparation Years of Experience in Clinical Precepted Area

Preceptor Competence Verified by Nursing Director/Supervisor:

Preceptor Contact Information:

Telephone Email

I have completed or will complete the online Preceptor Orientation. I agree to precept Amarillo College nursing students.

I agree to follow the preceptor functions/ responsibilities as delineated on the AC Nursing Program website. I understand my part in student performance evaluation.

I understand that if I have any questions, I may call the faculty nursing instructor at any time. I have received information on how to contact the appropriate faculty member

Preceptor Signature:

Elizabeth A. Matos, PhD, RN, CNE (Instructor Name)

Professor of Nursing Title Associate Degree Nursing Program Director RNSG Amarillo College Amarillo College