

Date_____

**Clinical Preceptor Agreement
Amarillo College Nursing Program**

This agreement is between the Amarillo College Nursing Program and

(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/become-a-rn-preceptor-to-nursing-students>

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

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

RN License Number

License Expiration Date

Educational Preparation

Years of Experience in Clinical Precepted Area

Preceptor Contact Information: _____

Telephone

Email

Preceptor agreement:

I have completed or will complete the online AC 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 Preceptor Orientation.

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 AC faculty member.

Signatures:

Preceptor

Nursing Director/Manager Verifying Preceptor Competence

Clinical Course Instructor

Nursing Program Dean/Director

RNSG clinical course #

Clinical Course Instructor Name