

**Nurse Practitioner Clinical Practice Profile Form**  
This information is required to maintain program and university accreditation

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

Student Name: \_\_\_\_\_ Clinical Semester: \_\_\_\_\_ Course #: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_ Credentials \_\_\_\_\_

Preceptor's E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preceptor's Specialty: \_\_\_\_\_ Board Certified by: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Number of eligible preceptors in the practice: \_\_\_\_\_

Has your preceptor rotated with other NP students before?     YES     NO

NO     YES    Is your preceptor knowledgeable of the NP profession and role of the NP?

NO     YES    Do they have previous experience as a preceptor for other NP Students?

NO     YES    Will they provide orientation for you of the facility and discuss policies and regulations?

Number of Patients they see per week: (Please check one)

70-109     110-129     130-149     150-179     180-199     >200     Other: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

----Once Completed Upload to the D2L and email to Danielle Buonpane dbuonpane@radford.edu----