



## DNP Preceptor Agreement

NGR 6240L, NGR 6741L, NGR 6305L & NGR 6252L

### To be completed by DNP Student:

Student Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Course Number/Title: \_\_\_\_\_ Hours Required: \_\_\_\_\_

Course Faculty: \_\_\_\_\_ Faculty Contact Number: \_\_\_\_\_

### To be completed by Preceptor (please provide name as it appears on your professional license):

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Degree (s):  MSN  DNP  M.D.  D.O.  Other Degree (s): \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_ Unit/Dept: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Practice Site Phone Number: \_\_\_\_\_ Mentor Email: \_\_\_\_\_

I, \_\_\_\_\_ agree to act as a practice mentor for FGCU DNP student,  
*Preceptor Name*

\_\_\_\_\_ to assist the student to achieve the required outcomes.  
*Student's Name*

- I have been provided with a copy of the DNP Preceptor and Mentor Guidebook
- I understand and accept the responsibilities presented in the DNP Preceptor and Mentor Guidebook.
- I have been provided with an abbreviated course syllabus and understand the course objectives and practice requirements.
- I understand that if I have any questions, I should notify the faculty member designated above.
- I have attached a copy of my current resume/CV.
- I have attached a copy of my current License.
- I have attached a copy of my current certification.
- I understand this form, and my resume/CV, License, & Certification must be received by Program Director prior to student beginning DNP Practice Hours.

Email [ldownes@fgcu.edu](mailto:ldownes@fgcu.edu) or Fax (239) 590-7474 this completed form to Dr. Downes, DNP Program Director

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Office Use**

Affiliation Agreement Current:  Yes  No    CV/Resume on File:  Yes  No    License & Certification on File  Yes  No

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_