RADFORD UNIVERSITY
School of Nursing

APRN/Nurse Leadership/Nurse Admin Clinical Practice Profile Form

This information is required to maintain program and university accreditation

*Date: _____

*Student Name: _____ *Clinical Semester: _____ *Course #: _____

*Preceptor's Name: _____ *Credentials: _____

*Board of Nursing Licensure Number: _____ *State: _____

*Board Certified By: _____ *Preceptor's Email: _____ Phone: _____

*Name of Practice/Facility: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone: _____ Fax: _____

*Practice Setting:
- ☐ Hospital Based
- ☐ Non-Hospital Based
- ☐ Rural Area
- ☐ Urban Area
- ☐ Psychiatry/Mental Health
- ☐ Primary care
- ☐ Non-primary care
- ☐ Leadership
- ☐ Telehealth
- ☐ Solo Practice
- ☐ Group Practice
- ☐ Other: _____

List Hospital Affiliations Below:
_____
_____
_____
_____
_____
_____

*Check Y/N to all questions below:

☐ NO ☐ YES Do they have previous experience as a preceptor for other Nurse Executive/Leadership students?

☐ NO ☐ YES Will they provide an orientation of the site, policies, procedures and expectations?

☐ NO ☐ YES Does your preceptor hold a Graduate and/or Advanced Practice Degree (i.e. MSN, MBA, MHA or etc.)?

Provide a brief description of your preceptor's role:
_____
_____
_____
_____

On the first day of the rotation, student coordinates with?

Name/Title: _____ Date: _____

Location: _____ Time: _____

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