



EDGEWOOD
UNIVERSITY

APPENDIX B

Clinical, Practicum, and Residency Preceptor Form

Henry Predolin College of Health Sciences

Edgewood University

1000 Edgewood College Drive

Madison, WI 53711

Program (i.e. BSN, FNP, AGCNS, DNP) _____

Course (i.e. NRS 712) _____

Date: _____

Student Name: _____

Student Contact Information: _____
Phone Email

Student Current Employer: _____

Student Position Held (include unit, dept, or floor): _____

Preceptor Name and Credentials: _____

Preceptor Contact Information: _____
Phone Email

Clinical Site (Include unit, dept, or floor): _____

Clinical Site Coordinator: _____
Name

Contact: _____
Phone Email

Hours Requested: _____

Clinical Site Address: _____

Daily Patient Population Description: _____

*Students must obtain and attach a copy of each preceptor's CV/Resume for approval. APRN forms should be provided at least 180 days prior to the start date. A new form is required for each preceptor or course. Students may complete the form electronically at https://edgewood.co1.qualtrics.com/jfe/form/SV_cuXAvf6AAjnm1j8

Required Program Hours:

BSN – 120 (Immersion)

MSN Comp – 180

FNP – 750

AGPCNP – 500

CNS – 500

AGCNS – 500

PMHNP – 750

DNP – 1000 (100 required precepted hours)