



SCHOOL OF NURSING

Marshall University Student's Name: _____

Preceptor's Profile & Attestation

Please complete the following information:

Date: _____

Preceptor's Name: _____

Credentials: _____ **License Number:** _____

Specialty/Population Focus: _____

Years in Practice: _____ **# of Students currently precepting:** _____

Certification (Certifying Body): _____

Practice Name: _____

Practice Address: _____

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

Phone: _____

Preferred Email: _____

I attest that I have received a copy of the syllabus and the preceptor pack from the precepted student above. I have read through the policies and content covered in this class and will to the best of my ability assist the student in learning these concepts.

Signature: _____ **Date:** _____

Please scan and return this form to msn-nursing@marshall.edu Place "Attestation" in subject line.

**MARSHALL SCHOOL OF NURSING. ONE JOHN MARSHALL DR. CORBLY HALL ROOM
418. HUNTINGTON, WV 25755. PHONE: 304-696-6751**