

**Letter of Agreement, Preceptor**

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
SCHOOL OF NURSING**

**UNDERGRADUATE PROGRAM**

***PRECEPTOR LETTER OF AGREEMENT***

I \_\_\_\_\_ agree to act as preceptor for  
(Preceptor's Name and Credentials)

\_\_\_\_\_ for \_\_\_\_\_,  
(Student's Name) (Course Name & Number)

I understand there is no remuneration or fringe benefits attached to this agreement.

I am licensed in the State of Texas, expiration date \_\_\_\_\_.

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Unit/Department

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Telephone #/Fax #

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
E-mail Address

To verify license, one of the following is needed:

- 1) RN license number: \_\_\_\_\_ or
- 2) Last 4 digits of SS# AND birth date \_\_\_\_\_ or
- 3) Full name as listed on your license: \_\_\_\_\_  
(please print your name EXACTLY as it appears on your RN license)

\_\_\_\_\_  
Course Facilitator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair for the Traditional Undergraduate Program

\_\_\_\_\_  
Date

Clinical Instructor \_\_\_\_\_

Date received by UG program office: \_\_\_\_\_

Date license verified: \_\_\_\_\_

License verified by: \_\_\_\_\_

License expires: \_\_\_\_\_

Please attach verification from BNE website.