ATTACHMENT A
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 ___________________________
Program Director __________________________________________ Date ___________________________

Date received by UG program office: _________________
Date license verified: ___
License verified by: ___
License expires: ________________________________
Please attach verification from BNE website.

Clinical Instructor ___________________________