

PRECEPTOR DATA FORM

The following is the Preceptor Data Form. We need you to complete this form for each preceptor you will be using (make duplicates if necessary) and fax to 703-993-3612 as soon as possible. You may also email this information to Allan Weiss at aweiss2@gmu.edu. You must provide all the information listed on this form in order for an affiliation agreement to be initiated with your clinical sites. Clinical cannot be started until the legal clinical precepting agreement is signed by all parties.

To assist understanding the type of clinical site you have chosen provide a brief description of the population served, case mix and other characteristics unique to this site. Again, we require this information 4-6 weeks prior to the beginning of the semester. If you have any questions contact Allan Weiss or GMU NP faculty at 703-993-3613.

Type of Site: (Family, Peds, OB or Adult)	
Preceptor: Name and Title	
Site's Official <u>Legal</u> Name	
Site Address	
Phone Numbers	
Fax Numbers	
Pager Numbers	
Email addresses	
Other Phone	
Contact Person for the contract: (Director, Office Manager, Etc.)	
Population served: (Rural, Urban, Suburban, Free Clinic, Etc.)	
Prospective Student: (your name)	