

**GEORGE MASON UNIVERSITY / GEORGE WASHINGTON UNIVERSITY
COLLABORATIVE NURSE PRACTITIONER PROGRAM
Student Biographical Data Sheet (for Preceptors)**

Date: _____

Name: _____

Address: _____

Telephone #: _____ (Home) _____ (Work)

Email Address: _____

Clinical Track: **Full Time** _____ **Part Time** _____

Adult Nurse Practitioner _____

Family Nurse Practitioner _____

Gerontological Nurse Practitioner _____

Current R.N. Licensure:

State: _____ State: _____ State: _____
Id #: _____ Id #: _____ Id #: _____
Exp. Date: _____ Exp. Date: _____ Exp. Date: _____

CPR: _____ **TB Test/PPD** _____ **Hep. B** _____
(Date of course) (Date & Result) Series: (Date completed)
or

CXR _____
(Date & Result)

Education: (post high school)

School Name & Location Dates Attended Degree/Diploma/Cert.

Employment: (List current or last position first)

Dates Name & Location of Agency _____ Position/Clinical Exp.

Previous Clinical Sites as a NP Student: (List setting and dates)

Dates Course # Name & Location of Agency

List any other information, which may be helpful to your preceptor:

-Community Projects and Sites

-Non-English Language Skills & American Sign Language

-Computer Skills

-Other