

**EXHIBIT 1.2
FORM OF
PRECEPTOR ASSIGNMENT**

I, _____, agree to serve as preceptor for
(Print Preceptor Name)

_____ ("Student"), a student in _____ at
(Print Student Name) (Print Course)

_____ ("School"), for the period beginning _____ and ending _____.
(Print School Name)

This Preceptor Assignment is subject to the terms and conditions of that certain Nursing Preceptor Agreement between The Children's Hospital of Alabama and School dated _____, 20____ and Student hereby agrees to be bound by the terms thereof.

PRECEPTOR

Student

(Date)

(Date)

(Signature)

(Signature)

(Title)

(Address)

(Work Phone)

(City, State, Zip)

The Children's Hospital of Alabama
1600 - 7th Avenue South
Birmingham, AL 35233

Number of clinical hours with the preceptor
above for the **current semester** _____

Approved:

(Signature)
Director, The Surpora Thomas Pediatric
Nursing Education and Research Center
The Children's Hospital of Alabama