

# Preceptorship Information Sheet

Name (First Name, Middle Name and Last Name)	
Last 4 digits of your Social Security number	
Contact information cell phone # email address	
COA Employee	<input type="checkbox"/> Current <input type="checkbox"/> Past <input type="checkbox"/> Never Employee # _____ Nursing Unit _____
Name of School	
Name of course	
Course number	
Start and end dates of clinical days (mm/dd/yyyy)	
Number of clinical hours	
Name of Preceptor (if more than one person, the number of hours you will spend with each one)	
Preceptor contact information Cell phone # Department or Nursing unit	
* Health Information Form * Preceptor Assignment Form * Confidentiality and NonDisclosure statement * Non-COA Staff Information Handbook * Pediatric IV Therapy information * Preceptor Orientation Certificate of Completion	Please access this website <a href="http://www.childrensal.org/NursingStudents">http://www.childrensal.org/NursingStudents</a> to complete the online Orientation Package
<b>OFFICE USE ONLY</b> Date info was received	
	<b>Preceptor Assignment</b> form
	<b>Preceptorship Information</b> sheet
	<b>Confidentiality and Non-Disclosure</b> form
	<b>Health Information</b> form
	Preceptorship Orientation <b>Certificate of Completion</b> form (  online course)
	CPR card (front and back copy)