

THE UNIVERSITY OF TEXAS AT TYLER  
College of Nursing and Health Sciences  
Baccalaureate Nursing Program

**PRECEPTOR AGREEMENT**

I, (Print Preceptor's Name) \_\_\_\_\_, verify that

- a. I have completed or will complete preceptor orientation.
- b. I will precept the nursing student \_\_\_\_\_ from NURS \_\_\_\_\_ according to course objectives during \_\_\_\_\_ semester/year
- c. I will follow the functions and responsibilities of the preceptor as outlined in the UT Tyler Preceptor Handbook.
- d. I have reviewed a copy of the current Preceptor Handbook and applicable course requirements.
- e. I understand if I have any questions, I may call the faculty member at any time. I have received information on how to contact the appropriate faculty.

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Unit (if applicable)

My signature validates that I will follow the functions and responsibilities of my role as outlined in the UT Tyler Preceptor Program.

\_\_\_\_\_  
Nursing Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Facility Representative Signature,

\_\_\_\_\_  
Date

Copies to be given to: Preceptor  
UT Tyler CON

FO Approved: 9/01  
Revised: 11/01  
Revised: 9/02  
Revised: 8/06 Preceptor Committee