

# WAGNER COLLEGE

EVELYN L. SPIRO SCHOOL OF NURSING

Preceptor Curriculum Vitae			
Date:			
First Name:	Last Name:	Credentials:	
Email:	Phone Number:	Fax Number:	
Professional Practice			
Dates	Title	Institution	Location
From: To:			
From: To:			
From: To:			
From: To:			
Certification and Licensure			
Date	Certification / Licensure	Agency	
Higher Education			
Dates	Degree	Institution and Affiliation	Field and Specialty
From: To:			
From: To:			
From: To:			
Academic Appointments			
Dates	Title	Status	Institution, Location
From: To:			
From: To:			
From: To:			

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## Professional and Scientific Memberships

Date	Organization	Position

## Academic and Professional Honors

Date	Honor	Conferring Agency

## Most Recent Publications & Continuing Education

Date	Name of Article or CE Course

How many years have you been in clinical practice (as an NP/MD/DO/CNM)? \_\_\_\_\_

How many years have you preceptored students (e.g. NP, MD)? \_\_\_\_\_

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Preceptor's Signature

Date