

**GEORGIA BOARD OF NURSING
PRECEPTOR QUALIFICATION RECORD**
Georgia College and State University: Milledgeville GA, 31061; (fax#: 478-445-1121)

PRECEPTOR INFORMATION (all information must be complete)

Official NAME The one on your license	
ADDRESS As on file with the GA Board of Nsg Required for license verification	
GA LICENSE # Required for license verification	
E-mail Address:	

CURRENT EMPLOYMENT (all information must be complete)

Agency/Location/Unit or Floor	(i.e. Navicent Macon 4E, Fairview Dublin 3W, etc.)
Have you been employed for at least one year in the environment listed?	YES NO

PROFESSIONAL EDUCATION AND NATIONAL CERTIFICATIONS (MUST BE COMPLETED)

Name of Institution	Location	*Diploma/Degree/ National Certification	Year Granted	Major Field

* Education information must include an Associate, Bachelors and/or Master’s degree in nursing

Preceptor Signature

Date

I have verified that this individual has at least one year of unencumbered practice as a Registered Nurse by viewing licensing information at <http://verify.sos.ga.gov/verification/>.

Student Signature

Date

INSTRUCTIONS:

- combine this form and a screenshot of the licensing information into ONE PDF or WORD document and place it in the course assignment dropbox “Preceptor Qualification Records.”
- The document should be titled “studentname_preceptorname_qualificationrecord_semester” (i.e. josiedoss_salliesmith_qualificationrecord_spring2020) for record keeping.
- Failure to submit this document, a screenshot of the license verification, or to package/title the document appropriately will result in forfeiture of the associated clinical hours.