

**McLennan Community College Associate Degree Nursing Clinical
Practicum Preceptor Agreement**

I, _____, agree to serve as a
preceptor for McLennan Community College Associate Degree
Nursing students beginning _____ through _____.
Assigned agreement is valid for three years.

I have read the CTP preceptor packet of guidelines, policies,
procedures, and forms. I understand that I can contact the clinical
practicum liaison with questions or for clarifications. I will provide
the student preceptee clinical learning experiences within the clinical
facility where I am currently employed.

Preceptor Signature: _____ **DATE:** _____

MCC Faculty Signature: _____ **DATE:** _____

Agency Signature: _____ **DATE:** _____

**McLennan Community College
Associate Degree Nursing Program**

Preceptor Data Sheet

Name: _____

Position/Title: _____

Home Address: _____

Scholastic Background:

College or University	Degree	Date of Completion
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Graduate/Professional School:

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Phone: (work) _____ (home) _____

Email: _____

Unit: _____

Professional Organizations: _____

Certification: Yes in _____ No

Signature

Date