Sample Form D: In support of Criterion II.C.

Documentation of Preceptor Information

Name and Credentials of Preceptor(s)	Practice Site/ Location	Population focused or Specialty Area of Practice	Certification(s)	Years of Practice in the Population focused or Specialty Area of Practice	No. of Students Precepted Concurrently (Includes APRNs and students in other professions.)	State Licensure/ Approval/ Recognition*