

**CSUF School of Nursing
School Nurse Services Credential Program**

PRECEPTOR VITAE (P102)

Note: For a school nurse to qualify as a preceptor, he/she must have held a clear School Nurse Services Credential and have been employed as a school nurse for a minimum of five (5) full years.

Preceptor Vitae needs to be completed only once every four years. Preceptor may use a form of their choosing.

Preceptor Name _____ Date _____

School district _____

Phone () _____ E-mail _____

Address/city _____ Zip _____

School site(s) _____ Days _____ Phone () _____

_____ Days _____ Phone () _____

Preceptor home address _____

Cell _____

Clear/Professional School Nurse Services Credential? Yes _____ No _____

School Audiometrist Certificate? Yes _____ No _____

California RN License # _____ Expiration Date _____

ACADEMIC PREPARATION (begin with most recent): *You may attach a prepared resume for the academic and professional experience areas.*

Institution	Degree	Date	Area of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EXPERIENCE (begin with most recent):

Agency	Position	Years of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL ACTIVITY (membership in professional organizations, offices held, honors, publications, papers presented, task force membership, etc.):

Date

Organization/Activity

AREAS OF INTEREST (e.g., Teen Pregnancy, Staff Wellness, Safety Issues):

PHILOSOPHY OF SCHOOL NURSING (Briefly outline the guiding beliefs which influence the goals of your practice and delineate your professional role and code of ethics):

MAIN OBJECTIVE FOR SERVING AS A PRECEPTOR (Briefly state your motivation/goals/reasons for wanting to serve as a preceptor):

I agree to serve as a preceptor for the CSUF School Nurse Services Credential Program for:

(Student's name) _____

Signed _____ **Date** _____

