

**DEPAUL UNIVERSITY
SCHOOL OF NURSING**
990 W. Fullerton, Chicago, IL 60614 | Phone: 773-325-7280 | Fax: 773-325-7282

PRECEPTOR / MENTOR REQUEST FORM

Please complete this form and submit with the preceptor's **vitae or resume.**

Student's Name: _____

Phone: _____ Email: _____

Date Range of Clinical: _____

NSG Course: _____

Preceptor's Name: _____

Preceptor's Credentials: _____ License #: _____

Preceptor's Certification #: _____

Preceptor's Health Care Organization: _____

Preceptor's Site Address: _____

Preceptor's Phone: _____ Email: _____

Name of Contact for Healthcare Organization: _____

Phone: _____ Email: _____

***** This form does not constitute a mentor agreement or affiliation agreement - mentor agreements are not active until there is a fully executed institutional agreement between DePaul University and the mentor's institution.***