STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 I www.rn.ca.gov

NURSE PRACTITIONER PROGRAM PRECEPTOR FORM

Submit a separate form for each California-based preceptor.
(*California Code of Regulations*, Title 16, Section 1486)

If you are submitting this form to demonstrate compliance with CCR Section 1486, this form must be completed fully and submitted together with the *Verification of Clinical Practice Experience for Nurse Practitioner (NP) Students Enrolled in Non-California Based NP Education Programs* form.

1. Name on healthcare-related license:	Type of License:
Mailing Address:	License Number:
E-Mail Address: Phone #:	Date of appointment to faculty:
Name of Nurse Practitioner Program Where Currently Employed:	
Program Out-of-State Address (Street Address, City, State, Zip Code):	

2. EDUCATION - Please detail your educational preparation (list all acquired degrees/certificates, etc.). Include name of school and location, degrees and dates earned.

3. EXPERIENCE: - Please describe your professional experience for the past 3 years (where you have been employed, employment dates, your primary duties and responsibilities, etc.; summarize to provide evidence of current clinical competency**:**

Please submit this completed form by e-mail to brn.onlinenp@dca.ca.gov

Once submitted, you will receive an e-mail confirmation to confirm receipt within 3 business days. The Board will review the completed form and follow up with your program on the next steps.

I certify under penalty of perjury under the laws of the State of California, that all information provided in connection with this Nurse Practitioner Program Preceptor form is true, correct, and complete.

PRECEPTOR SIGNATURE: _____ _____ **TITLE:** _____
(DATE)

NP PROGRAM DEAN/DIRECTOR SIGNATURE: _____ _____ **TITLE:** _____
(DATE)