

Joint Faculty-Preceptor Sample Agreement

This form is intended for NFLP Sponsored Preceptors only. NFLP Sponsored preceptors are graduates of the Regis College DNP Nurse Practitioner program who received NFLP funding during the program and have agreed to precept on a full-time basis to qualify for loan cancellation. Nurse Practitioner preceptors who are freely volunteering their services to precept Nurse Practitioner students from any academic institution in a full-time capacity (24 hours a week) are appointed as a joint faculty-preceptor at Regis College in exchange for NFLP loan cancellation for each year of service. Loan cancellation will consist of 20% of the loan balance after completion of each year of service for the first three years and 25% cancellation after completion of the fourth year.

The photo ID presented must be a government-issued photo ID such as a driver's license or passport.

NFLP Sponsored Preceptors are required to comply with relevant College policies related to the preceptor role. NFLP Sponsored Preceptors must complete this form prior to the start of each semester and submit to the NFLP Project Director. The NFLP Sponsored Preceptor must also submit at the end of the semester total numbers of hours precepted verified by the University/College where the student attended.

Fields in **bold** are required fields.

Preceptor's Effective Dates:

Start Date (YYYY-MM-DD):	
Expiration Date (YYYY-MM-DD): <i>must be within one year of start date</i>	

Preceptor's Information:

First Name:	
Middle Name or Initial:	
Last Name:	
Email:	

Preceptor's Permanent Address Information

Address Line 1	
City	
State/Province	
Postal Code & Country	
Home/Cell Phone Number	

Preceptor's Clinical Site Address Information

Room and Building	
OR Street Address	
City	
State/Province	
Postal Code & Country	
Campus Phone Number	

Preceptor Student Activity (complete for each student)

<i>University/College Name</i>	
<i>University/College Address, State and Zip Code</i>	
<i>Clinical faculty name</i>	
<i>Clinical faculty contact information</i>	
<i>Number of days intended to precept per week</i>	
<i>Number of hours intended to precept per week</i>	

<i>University/College Name</i>	
<i>University/College Address, State and Zip Code</i>	
<i>Clinical faculty name</i>	
<i>Clinical faculty contact information</i>	
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