UAH College of Nursing

Preceptor Award Nomination Form

Department Graduate

Date

Preceptor Information

Nominee's Name

Nominee's Title

Highest Degree

Institution

Mailing Address

Personal Phone

Work Phone

Email Address

Employer/Agency

Specialty

Submitter Information

Submitter Name

Submitter Title

Telephone

Type Faculty

Email

Narrative Description

Outline how the nominee meets the award criteria. Must not exceed 200 words. Permission for printing is assumed with submission.

Submitter Signature