Georgia Board of Nursing (GBON)
Nursing Education Programs Preceptor Summary Form
Pursuant to Chapter 410-8 Registered Nursing Education Programs and
Chapter 410-9 Licensed Practical Nursing Education Programs

Nursing Education Program Information

Date Preceptor Summary Submitted:	
Name of Sponsoring Institution:	
Name of Nursing Education Program:	
Nursing Program Type:	
Additional Program Options/Tracks:	
Nurse Administrator (include credentials):	

Preceptor Information (*add rows as necessary*)

First and Last Name	Assigned Program/ Program Option	Georgia/ NLC License Number	Credentials	Employer	Title/ Position	Unit/ Area of Facility	Number of Years Employed on Unit/ Practice Setting	Number of Years of Clinical Experience	Assigned Course Preceptorship

First and Last Name	Assigned Program/ Program Option	Georgia/ NLC License Number	Credentials	Employer	Title/ Position	Unit/ Area of Facility	Number of Years Employed on Unit/ Practice Setting	Number of Years of Clinical Experience	Assigned Course Preceptorship