



**Georgia Board of Nursing
Nursing Education Programs
Preceptor Qualification Record (PQR)**

Preceptor Information

Date PQR Submitted to Board	
Name of Sponsoring Institution	
Name of Nursing Education Program	
Nursing Program Type	
Nurse Administrator (include credentials)	
Preceptor Full Name	
Preceptor Employer (Clinical Facility)	
Preceptor Employment Title (RN, LPN, Medical Doctor)	
License Type	
License Number	

Education *(list in chronological order since high school)*

Institution Name	Location	Diploma/Degree/Major	Date of Conferment

Employment/Clinical Experience *(list experience in chronological order/ at least one (1) year of clinical experience must be verifiable for PN programs/ at least one (1) year of work experience in the practice setting in which the learning activity occurs must be verifiable for RN programs)*

Employer	Location	Job Title	From	To/Current

Employer	Location	Job Title	From	To/Current

Assigned Course Preceptorship *(list all courses of preceptorship responsibilities)*

Course Acronym, Number, and Title	Preceptor-to-Student Ratio	Date of Preceptor Orientation	Dates of Preceptorship

Please check the following areas as it relates to nursing faculty member's areas of expertise:

Acute Care Nursing

Adult Health Nursing

Community Health Nursing

Leadership/Management

Maternal/Child Nursing

Mental Health/Psychiatric Nursing

Pediatric Nursing

Research

Other: _____

Verification of Unencumbered Georgia Nursing License

Please include a copy of the nursing faculty member's active, unencumbered Georgia License

Signatures

Signature of Nurse Administrator

Date

Signature of Preceptor

Date