

ANCC Preceptor Bank Applicant Information

Please fill out the information below.			
Last Name	First Name		MI
Street Address			
City	State	Zip/Postal	Country
Preferred Contact Phone Number			
Preferred Contact Email Address			
ANCC Certification			
ANCC Certification Expiration		How many years certified	
Other Certifications held if applicable:			
Practice Location Specialty			
Practice Location Address			
City	State	Zip/Postal	Country



WAIVER & RELEASE OF LIABILITY

I, (print nan	ne), hereby authorize the American Nurses
Credentialir	ng Center ("ANCC") to include my name in the ANCC's preceptor bank. In connection with my
inclusion in	the preceptor bank, I authorize ANCC to make my name, contact information and professional
information	, including but not limited to my CV and information contained therein, publically available.
I he	reby acknowledge that:
1)	the American Nurses Credentialing Center is providing the preceptor bank for informational purposes only;
2)	ANCC makes no representations or warranties regarding my qualifications or abilities to serve as a preceptor and that inclusion in the preceptor bank does not constitute endorsement of me, my qualifications or my abilities;
3)	ANCC does not guarantee that I will be contacted by any individuals, students or universities regarding preceptorships;
4)	ANCC does not guarantee that I will be eligible for professional development hours solely as a result of my submission of materials for inclusion in the Preceptor Bank;
5)	ANCC does not facilitate matching of students with preceptors or the arrangement of preceptorship agreements; and
6)	ANCC disclaims any and all liability that may arise from any preceptor relationships that may result from my inclusion in the preceptor bank.
I hereby ag	ree to hold ANCC harmless for any harm or injury that may arise from submission of my materials to
ANCC in co	nnection with the preceptor bank and/or inclusion of my name, contact information and professional
information	, in the preceptor bank.
Signature	
Printed Nar	ne Date