

# 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 name) \_\_\_\_\_, hereby authorize the American Nurses Credentialing 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 hereby 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 agree to hold ANCC harmless for any harm or injury that may arise from submission of my materials to ANCC in connection with the preceptor bank and/or inclusion of my name, contact information and professional information, in the preceptor bank.

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Signature

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Printed Name

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Date