

Field Experience Site Information Form

Student Information

Course Information

Site Information

Preceptor's/Mentor's Information

Preceptor's/Mentor's Name: Rafael Hernandez	
Program of Study: B.S.	
Student Name: _____	
Address: 12700 Commerce Pkwy STE 200	
Position: Preceptor's/Mentor's Degree Nursing	
City: Weston State: FL Zip Code: 33326	
Phone Number: (305) 833-3110 Email Address: _____	
Total Hours Required: 3	
Type of Facility: Healthcare	
Hours of Operation 24 _____	
Name of Alternative Site (if applicable) _____	
Is student a current employee of this site? <input type="radio"/> Yes <input checked="" type="radio"/> No	