

**PRECEPTOR -CURRICULUM VITAE**

**NAME:**

**TITLE:**

**HOME ADDRESS:**

**OFFICE ADDRESS:**

**TELEPHONE :**     Office  
                         Mobile  
                         E-mail:

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**EDUCATION**

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**HOSPITAL APPOINTMENTS**

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**LICENSE/CERTIFICATE NUMBER -STATE**

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**TEACHING RESPONSIBILTIES**

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**SCHOLARLY ACTIVITIES(Optional)**

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Please mail completed CV to: Eleanor T. Campbell, Ed.D., R.N., Lehman College Dept of Nursing,  
250 Bedford Park Blvd. West, Bronx, NY 10468