

## Appendix A: Demographic Information

Name: \_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_\_\_

Highest level of Education: \_\_\_\_\_ Date of graduation from nursing  
school: \_\_\_\_\_

Number of years as an RN: \_\_\_\_\_ Current Job

Title: \_\_\_\_\_

Nursing unit where you

work: \_\_\_\_\_

Name of hospital where you

work: \_\_\_\_\_

Length of time in current position: \_\_\_\_\_ Length of time in clinical

specialty: \_\_\_\_\_

List all clinical

certifications: \_\_\_\_\_

Have you participated in clinical nursing research studies before? Yes \_\_\_\_\_ No

\_\_\_\_\_

How many times have you been a preceptor in the KU Professional Practicum  
program? \_\_\_\_\_

Have you served as a preceptor for other capstone nursing students? Yes \_\_\_\_\_

No \_\_\_\_\_

How many times have you been a preceptor for a new nursing  
employee? \_\_\_\_\_

What training did you receive prior to becoming a preceptor (please list type of class,  
number of hours, and approximate dates or  
none)? \_\_\_\_\_