

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)?_____