



Nurse Practitioner (NP) Information Form

As part of our credentialing and certification process, we are required to collect preceptor information for all NPs we enroll. Please complete the information below for each nurse practitioner.

NP's Name: _____

NP's SSN: _____ or NPI: _____

NP's Preceptor's Name: _____

NP's Preceptor's SSN: _____ or NPI: _____

Preceptor's Group Practice Name: _____

Preceptor's SC Medical License Number: _____

Preceptor's Network Effective Dates: _____