

Full Name of Preceptee:			
Please describe your office facilities including professional staff and equipment.			
Do you understand that in supervising the preceptee you are ultimately responsible for the care provided by the preceptee?			
YES		NO	
Have you reviewed the preceptee applicant's academic record and conducted a personal interview with the preceptee applicant?			
YES		NO	
Have you provided the preceptee applicant with a contract or letter of agreement that stipulates all of the following:			
DUTIES OF THE PRECEPTEE?	YES	NO	
HOURS OF WORK?	YES	NO	
AVAILABILITY OF FRINGE BENEFITS, i.e. VACATION, SICK LEAVE, ASSOCIATION DUES, PROFESSIONAL LIABILITY INSURANCE, HEALTH AND ACCIDENT INSURANCE?	YES	NO	
PRECEPTEE'S STIPEND?	YES	NO	
Will you provide all materials and instrument's necessary for the preceptee to properly perform his or her duties?			
YES		NO	
Will you provide opportunities for the preceptee to deal with patients in sufficient numbers to permit the development of clinical skills to the level necessary for a practice?			
YES		NO	
On the following page is the preceptorship curriculum suggested by the Council on Podiatric Medicine Education for the American Podiatric Medical Association. Do you agree to provide the suggested curriculum to the preceptee?			
YES		NO	
If no, please explain how the curriculum you will provide the Board differs from the suggested curriculum and why you choose to deviate from the suggested curriculum. Attach additional sheets if necessary.			
Do you agree to provide instruction to the preceptee on the delivery of informed consent to the patient?			
YES		NO	
The preceptee shall maintain a log of surgical procedures that you review on a regular basis. Is RRCPS Log Form #661 to be utilized by the preceptee? If no, please attach a copy of the log form the preceptee will utilize.			
YES		NO	
Describe the protocol you have established for prescriptions to be written by the preceptee. Attach additional sheets if necessary.			

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The following are assignments for preceptees that are recommended by the council on podiatric medical education of the American Podiatric Medical Association:

1. The preceptor must develop a training schedule that will be followed by the preceptee throughout the training year. The schedule should include items such as:
 - a. Review of previous day's activities.
 - b. Review of the surgery schedule.
 - c. Performance of medical histories, and physical examinations.
 - d. Review of surgical candidates' charts and others of interest.
 - e. Postoperative care in office, hospital, nursing homes, etc.
 - f. Redressings.
 - g. Suture removals.
 - h. Follow-up care and observation.
 - i. Patient charting and filing of insurance forms.
 - j. Management of new patients.
2. The preceptor should encourage the preceptee to take as much charge of each case to the extent that ability and development dictate.
3. The preceptor should conduct preoperative and postoperative discussions with the preceptee specific to treatment of individual patients.
4. The preceptor should be willing to allow the preceptee to assume increasing responsibility by constantly testing acquired techniques and overall ability.
5. The preceptor should encourage and permit the preceptee to write orders, to write prescriptions for medication, and to communicate instructions to patients, both for hospital and home care when permitted by law or appropriate hospital regulations.
6. The preceptor should allow direct participation of the preceptee in the dictation of medical reports.
7. The preceptor must submit detailed outline/syllabus of the training program being offered including evaluation forms being used.
8. The preceptor must submit curriculum vitae of preceptor and any supervisors.

Do you agree to follow these recommendations? If no, please explain below. Attach additional sheets if necessary.

YES

NO

PRECEPTOR CERTIFICATION

I certify that the statements made in this application are true and accurately reflect the preceptorship program established for the preceptee named above.

Signature of Preceptor

Date