

Application for Preceptorship Certificate Part 1

CHA/P Name: _____ Employer: _____

Coordinating Training Center: _____

Name and credentials of clinical preceptor: _____

Email of clinical preceptor: _____

Date and location of current Preceptorship: _____

To be completed by the Tribal Health Organization

Applicants for Initial Preceptorship:

- Attach copy of completed Session IV Field Training Requirements
- Verify that the applicant has worked 200 hours providing direct patient care as a CHA/P primary provider in the two years prior to preceptorship; with a minimum of 60 patient encounters
- Letter of Recommendation for Preceptorship.

OR

Applicants for renewal of Preceptorship:

- Verify that the applicant does not require a Re-Entry Evaluation
- Letter of Recommendation for Preceptorship.
- Date of previous Preceptorship _____
- Attach copy of CE Log documenting 48 hours of Continuing Education approved by CHAPCB in the past two years; a maximum of 24 hours may be Emergency courses.

Signature of Employer

Date

Application for Preceptorship Certificate Part 2

To be completed by the Preceptor:

The following requirements for a Preceptorship have been successfully completed and supporting documents are enclosed:

- Summary of Preceptorship
- Completed Preceptorship Critical Skills List (refer to Directions on Skills List)
- Patient Log of all patients seen in clinical Preceptorship
- PEF Review and Clinical Evaluation Form for all patients seen (minimum 15 complete HEAP encounters that must include the 5 required patient types).
- Score of CHP Exam Part 1 _____
- Score of CHP Exam Part 2 _____
- 100% on Medical Math Exam Packet

Signature and Credentials of Preceptor

Date

Example of Summary of Preceptorship

CHA/P Name: _____

THO: _____

Preceptor: _____

Overview of CHA/P: General information about how long the CHA/P has been working, current training level, recent biennial skills performance (if applicable), recent re-entry (if applicable), etc.

Skills Evaluation: Discuss the CHA/Ps strengths and any weaknesses noted. Comment on the overall HEAP process, taking note of hands on skills (blood draw, IV start, wound care, etc.) that the student performed.

Summary of the Preceptorship: Number of patients seen, patient interaction and professionalism, if any skills not listed on the Preceptorship Skills List were performed. Determine if the CHA/P has meet the clinical requirements for completion of the Preceptorship.

Written Tests:

Remediation plan/Area for improvement If the Preceptorship requirements were not met, describe the plan to complete the preceptorship or correct the problems preventing completion. This may include additional clinical experience, repeating the Preceptorship, or repeating Basic Training Sessions.

Signature and Credentials of Preceptor

Date