**DEPARTMENT FOR PUBLIC HEALTH PRECEPTOR AGREEMENT (TEMPLATE)**

The preceptorship is an essential component of the physical assessment continuing education courses being sponsored by the Department for Public Health for registered nurses. Continuing education courses requiring a formal preceptorship include the STI Enhanced Role Registered Nurse and the STI Intensive training.

Arrangements for a preceptor and a signed preceptor agreement should be in place BEFORE the nurse attends the specific physical assessment course.

The preceptorship (a time for the nurse to practice and develop skills necessary to independently perform assessments) follows the didactic course and must be completed within six (6) months of the didactic or it is recommended it be repeated.

The preceptor must be a physician, APRN, physician assistant, or a registered nurse who has completed the physical assessment course previously and has been providing the assessment for at least 3 years. Competency of the registered nurse preceptor is determined by the employer.

As a preceptor, you are asked to be present and observe the nurse performing a minimum number of physical assessments. Complete the Preceptor Evaluation and Clinical Performance Checklist for the Female and Male STI exams pertaining to the training. Along with the nurse you are precepting, determine his/her readiness to provide the assessment independently through observation, demonstration and other simulation activities are acceptable.

Name of Health Department or Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Health Department or Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve as a preceptor

 for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RN, supervising and

observing his/her skills in STI examinations.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Professional License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: IF THE NURSE HAS MORE THAN ONE PRECEPTOR, THERE MUST BE AN AGREEMENT WITH EACH PRECEPTOR.