

Learner Name: _____

Educational Institution: _____ Program: _____

This form is to be completed by the preceptor and the student and can be uploaded into the student record in the Medical Education LDMS on the [Clinical Rotations application page](#).

If you have questions, please contact the Medical Education department at clinicalrotations@phs.org or call (505) 563-8031

The undersigned hereby agrees to the following conditions and terms for the completion of a preceptorship.

Preceptorship Responsibilities:

1. Assists the student in developing a plan that meets the student's personal professional objectives, course objectives, and unit project priorities.
2. Assumes responsibility for determining which experiences are appropriate for student involvement.
3. Agrees with student contract.
4. Supervises the medical care provided by the student and other activities necessary to accomplish objectives.
5. Maintains communication with the student and faculty as agreed.
6. Provides guidance and feedback to the student as agreed.
7. Participate with faculty and the student in the evaluation of the student's performance in the clinical setting.

The preceptor agrees to the best of their abilities to facilitate student learning accordance with program objectives. The preceptor agrees to provide clinical supervision and support over the rotation.

Preceptor Printed Name_____
Signature_____
Date**Student Responsibilities:**

1. To complete the required rotation educational materials and onsite orientation.
2. To regard the preceptor as an instructor.
3. To provide patient care under the supervision of the preceptor in keeping with national patient safety goals.
4. To be responsible for keeping professional matters confidential in the manner of a true client-patient relationship.
5. To conduct oneself in an ethical and professional manner.
6. To maintain a personal appearance befitting a professional while adhering to PHS dress code specific to the role in which you will serve during this rotation.
7. To comply with all requirements of direct supervision and to remain in the company of the preceptor at all times.
8. To wear photo identification badge at all times.

Student Printed Name_____
Signature_____
Date