

Preceptor and Site Information Form

Due: Two weeks prior to the 1st day of class.

Student Name

Date

Site Name

Address

Preceptor Name

Degree

Title

Email

1. Please provide a brief description of the site including its mission, services and/or programs.

2. Please describe the types of practical health informatics experience that a student may have when placed at this site. List and specific potential projects a student may complete (if known)

3. Please list the resources/support (e.g. training, office space, computer) that the student will have while at your site. If office space is not possible, please describe how the student will be involved in your organization (e.g. invited to staff meetings, committee meetings, work groups).

4. Please list the qualifications of the preceptor to oversee a student, including the preceptor's education and training, experience with students in the past, and health informatics experience and expertise,

5. Please describe the mechanism you will use for student supervision (e.g. weekly meetings, review of work, discussion at staff meetings, etc.)

3. In addition to completing this form, **the preceptor** agrees to either:

___ provide the statement "I have read the Practicum Manual and I am willing to act as a preceptor for (student's name) from (start date) to (end date) with a signature on the host's organization letterhead

OR

___ use a professional email address and return this form with original signature to nsolomons@une.edu

Preceptor Signature:

Date: