

Initial Preceptorship and Preceptorship Renewal Requirement Check List

CHA/P Name: _____

Field Instructor/Preceptor's Name and Credentials: _____

Location of Preceptorship: _____

Training Center Reviewer Personnel Name and Credentials: _____

1. Check that each of the following items are in the packet:

- ☐ Summary of Preceptorship/Letter of Recommendation
- ☐ Current Copy of ETT/EMT card or certificate
- ☐ Date Preceptorship Started: _____ Date Completed: _____
- ☐ Preceptorship Critical Skills Checklist (each component checked off)
- ☐ Patient Log with minimum of 15 complete HEAP patient encounters
- ☐ Clinical evaluation and PEF reviews for each patient encounter (conducted by a licensed/credentialed APP or physician)
- ☐ The 5 required patient types are seen:
 - ☐ At least 1 **Acute Care** visit
 - ☐ At least 1 **Chronic Care** visit
 - ☐ At least 1 **Return Prenatal** visit
 - ☐ At least 1 **Recheck** visit
 - ☐ At least 1 **Well Child** visit
- ☐ A minimum of 3 Medical Traffic Reports performed
- ☐ Open Book Test _____% (Score must be an 80% or higher to pass)
- ☐ Medical Skills Test attached: _____% (Score must be a 100% to pass)

2. Applications of Initial Preceptorship must also include the following:

- ☐ Session IV PSLNs attached and completed
- ☐ Application for APU (Course # CH 28500) completed if student wants college credit

3. Applications for Repeat Preceptorship must also include the following:

- ☐ Copy of CE Log documenting 48 hours of Continuing Education approved by CHAPCB in the past two year; a maximum of 24 hours may be Emergency courses.
- ☐ Field Instructor/Preceptor verified 200 patient care hours worked and minimum of 50 patients in last 2 years.

4. Initial Preceptorship is approved

☐ Yes ☐ No

If no, please write an explanation of why:

5. Repeat Preceptorship is approved

☐ Yes ☐ No

If no, please write an explanation of why:

Training Center Name and Personnel Signature and Credentials: _____

Date Review Completed: _____

Training Center To-Do if Approved:

- ☐ Print Certificate of Completion
- ☐ Print Letter of Congratulations
- ☐ Mail Letter and Certificated to CHP, CHAP Director and Preceptor
- ☐ APU registration form signed by Training Coordinator

Training Center To-Do if NOT Approved:

- ☐ Contact Preceptor with decision and missing required documentation, or plan for remediation and recommendation for completion and approval.
