CEPTOR REGISTRATIO

INSTRUCT

Practitioners : ...are not currently registered as a preceptor with ...
Clinical Education ...rmation on file. Please submit this form to ...
least 5 business days ... will be contacted by the OCE wi...
info... ...m and benefits.

Students: If you wish ... ...ealth-care profe... ...eceptor Program, fo... ...e
preceptorship o... ...rticipation, please have th... ...out the form and re...
submission to ... ...e form must be submitted to the O... ...usiness days in a...
student prec... ...will be contacted only if there is a proble... ...eceptor registra... ...e
note that ... ...with a practitioner not registered with the ... ...receptorship Pr...
not be credited.

Fo... ...tion on the CCNM Preceptorship Program please ... ...ceptor Program
document (located online at https:www.ccnm.e... ...eceptor)

...'s to be completed by the practiti... ...e print legib...

... Student Number :

): _____

Address : | | | |
Street Unit City Province/State Postal/Zip

Contact Information : | |
Phone # Fax E-Mail

What is the best time and method of contact? _____

Education, licensing and experience:

Health Care School Attended	Year Graduated	Degree Certification	Provincial/State License and number

Brief Description of Practice (including special focus areas):

_____

_____

Please indicate:

I wish to participate in the CCNM Preceptorship Program and be added to the list of eligible preceptors. %\ GRLQJ VR , XQGHUVWDQG WKDW , ZLOO DOORZ SURVS RIILFH IRU SUHFHSWRULQJ RSSRUWXQLWLHV $V D &&10 SUHFHS &&10 VWXGHQW FOLQLFDO REVHUYDWLRQ LQ P\ SUDFWLFH RYHU WKH SURJUDP DW DQ\ WLPH DQG , ZLOO EH UHPRYHG IURP WKH

I wish to host a CCNM student for precepting this one time only. Do not add me to the CCNM Preceptorship Program list of practitioners. I understand that I may join the CCNM Preceptorship Program in the future and receive all the attendant benefits. This does not preclude students from contacting me or my office through resources other than the CCNM Preceptor Program.

Practitioner Signature:_____ Date Signed: _____

When this form is complete and is submitted to the Office of Clinical Education (OCE), it is considered approved within 5 business days unless you receive an e mail from the OCE stating otherwise.

NOTE: Students will NOT receive credit for engaging in precepting with unapproved or non registered practitioners

Submit form to the Office of Clinical Education by email or fax .
Email: oce@ccnm.edu
Fax: (416) 498-3158

For Office Use Only:
Approved by: Date: