



## Elective Preceptorship/Clinical Experience OMS 1 & 2

Students in the preclinical years may arrange preceptorship experiences with individual physicians on an elective basis during independent schedule time or vacation time. These experiences may not be arranged during class time. Students may access these experiences through the following means:

- ï All physician preceptors in clinical settings must be licensed and board certified.
- ï Clinical elective preceptorships are overseen by the Clinical Experiences Director and the Scheduling Coordinator.
- ï The Scheduling Coordinator keeps a list of area physicians who allow students to rotate with them. Students may contact the coordinator to find a physician to shadow.
- ï A student may utilize their own connections or known physicians or medical provider.
- ï A student may begin the process by filling out the *Preceptorship Affiliation Registration and Approval Form*.
  - o In some cases, this serves as the affiliation agreement.
  - o Some sites require a fully executed affiliation agreement which must be completed prior to the student attending the clinical experience.
- ï In order to complete elective preceptorships, students must be in good academic standing.
- ï Students must be up to date on vaccination requirements as required by the clinical site where they will be working. Students must also be compliant in HIPAA and OSHA requirements.
- ï Upon completion students will fill out an evaluation form for their clinical experience.

**CLINICAL EXPERIENCES AFFILIATION REGISTRATION and APPROVAL FORM**

**UNECOM MEDICAL STUDENT**

**Submit This Registration in Advance of the Intended Start of your Preceptorship**  
 The Clinical Experience Office **MUST** approve every preceptorship in advance of its start  
 for you to be covered by professional liability insurance

<b>STUDENT INFORMATION</b>	<b>PRECEPTORSHIP INFORMATION</b>
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Student Name				Preceptorship Name			
Grad Year		Phone		Date(s) include			
				From: To:			
Email				PRINTED Name/Degree of Clinical Trainer			
Current Address							
City		State		Zip		Email of Trainer	

**SITE INFORMATION**

Site Name				Contact Name/Title			
Address				Email			
City		State		Zip		Phone #	Fax #
<b>Address to which application should be mailed if different from above</b>							
City		State		Zip		Name/Dept.	

**HOST SITE/PRECEPTOR**

**Please complete the section below and e-mail to [jhawkins1@une.edu](mailto:jhawkins1@une.edu) which is the UNECOM Clinical Experiences Program office. Call 207-602-2354 if questions**

**Site Confirmation and Information**

Upon your confirmation, this preceptorship becomes an academic requirement to which the student is obligated.  
 Only under extraordinary circumstances may a student be excused from this commitment

Is the supervising physician Board certified or Board eligible in this discipline		YES		NO
This preceptorship is Approved		YES		NO
This preceptorship is Approved by Please print				
<b>Signature</b>				
Date				

**Educational Agreement**

This document will serve as the education agreement for this experience. If a more detailed agreement is required,  
 please forward your agreement to, or request our agreement from  
 Jackie Hawkins – [jhawkins1@une.edu](mailto:jhawkins1@une.edu)

**UNECOM Community Preceptor Program OFFICE**

This preceptorship is	_ Approved	_ Not Approved	By	
Date Received	Date Returned			Kathryn Brandt,