

Clinical Preceptorship Checklist

Student Name: _____ Program: _____ Preceptor Name: _____

Process Initiation:

- ☐ Resume
- ☐ Student Purpose Letter

Student addressing where they imagine they will be in 2-5 years; a statement of purpose around community health and service to others. Answer the question: Why Axis?

- ☐ Axis has a Collaborative Contract with the Student's school

If a student is from a college other than those contracted, the first step is to initiate a collaborative contract. The student must contact their college and ask that their placement office to initiate a contract with Axis

Once Accepted:

- ☐ Proof the student is in good standing (Unofficial Transcript)
- ☐ A letter from the college placement
- ☐ The Collaboration/Preceptor agreements
- ☐ Copy of insurance covering the student's experience
- ☐ Outline of the learning objectives
- ☐ Written request for specific preceptor (if applicable) - by student
- ☐ Any required reporting/evaluations for the preceptor (if applicable)
- ☐ Outline of hours/schedule

Student Paperwork:

- ☐ S/V Rules
 - ☐ HIPAA Training
 - ☐ HIPAA Quiz
 - ☐ PHI Paperwork
 - ☐ Form of ID
 - ☐ Background Check (BCA)
- ☐ Medtrainer *(MT to students email and add student to their profile name)*
- ☐ Other:

Approval:

- ☐ CQI Approval
 - ☐ Offer Letter to Student, College, and Preceptor (signature required)
- ☐ HR Approval

Please refer to the Clinical Preceptorship Policy for clarification

