Yo San University DAOM  
Reproductive Medicine  
Preceptor Application Form

<table>
<thead>
<tr>
<th>GENERAL INFORMATION</th>
<th>Application Date:</th>
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</thead>
<tbody>
<tr>
<td>Candidate Name (print or type):</td>
<td>Cohort #:</td>
</tr>
<tr>
<td>Education Start Date:</td>
<td>Expected Graduation Date:</td>
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<table>
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<tr>
<th>Preceptorship Information</th>
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<tbody>
<tr>
<td>Name of Preceptorship Supervisor:</td>
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<tr>
<td>Supervisor of Preceptorship Contact Phone Number(s):</td>
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<tr>
<td>Supervisor of Preceptorship Contact E-Mail(s):</td>
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<tr>
<td>Preceptorship Site Name:</td>
</tr>
<tr>
<td>Preceptorship Site Address:</td>
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<tr>
<td>Preceptorship Site Orientation Date:</td>
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<tr>
<td>Preceptorship Start Date:</td>
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**Preceptorship Core Competencies & Objectives**

(Choose the areas that apply to your goals/objectives of participating within this preceptorship)

- □ Advanced leadership (Teaching students within the Masters Degree program & colleagues)
- □ Consultation and collaboration – (Actively participating in an integrative healthcare team)
- □ Advanced patient teaching skills and practice management – (Improved practice safety)
- □ Demonstrate skills needed for leadership and teaching in Acupuncture and Oriental Medicine.

<table>
<thead>
<tr>
<th>#</th>
<th>AREA</th>
<th>PRECEPTORSHIP: Overview · Goals · Objectives · Tasks · Deliverables</th>
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<tbody>
<tr>
<td>1.</td>
<td>Provide a brief overview of the Preceptor</td>
<td>(brief summary):</td>
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</table>
| 2. | Establish your overall goal(s) of participation in this Preceptorship | □ To acquire advanced knowledge in the area of ________________________________
□ To acquire advanced clinical skills in ________________________________
□ To develop my teaching skills in ________________________________
□ To increase my skills in integrative healthcare consultation and collaboration.
□ To acquire additional skills at conducting research in healthcare.
□ To acquire at program development in the areas of ________________________________
□ (other): ____________________________________________ |
| 3. | Measurable objectives you want to accomplish | □ The candidate will successfully fulfill clinic hours as planned and keep accurate records of all clinical hours and experience on the DAOM clinical logs for the preceptorship.
□ The candidate will enhance their ability to educate and inform peers in a conference or CEU setting through written/visual and oral communication.
□ The TCM candidate will improve their ability to communicate, within an integral team, the principles of TCM and acupuncture treatments using both written and oral communication.
□ The candidate will increase their knowledge of Western Medical terminology and diagnostics.
□ The candidate will become proficient at teaching master-level students through classes or tutorials.
□ The candidate will become proficient at patient education on TCM and acupuncture treatments recommended and performed on individual patients. |
| 4. | Tasks you will be performing which will lead you to meeting your objectives | ☐ Complete clinic logs daily, and turn them in monthly when classes are in session  
- Record total hours, dates and patient case types per log.  
☐ Articulate a TCM and acupuncture treatment plan coordinated with overall patient care plan.  
☐ Document using "SOAP" format per protocol and review documentation with clinical supervisor.  
☐ Use medical dictionary to review words, diagnoses, disease processes, etc. in order to understand patient care, diagnostic signs & symptoms and "red flags" that indicate patient safety issues.  
☐ Creating a class outline for lectures and tutorials.  
☐ Creating a visual presentation using multi-media tool.  
☐ Using on-line resources for reference materials for teaching/lecturing. |
|---|---|---|
| 5. | Check the deliverables that you will have at the end of this Preceptorship that demonstrate accomplished goals | ☐ Program development items created: Forms, guidelines, etc.  
☐ Case reviews (One per _________________)  
☐ Research protocols developed, orientation guidelines for research, IRB items used  
☐ Presentations: Copy of sign-in sheets and evaluations for presentations you conducted  
☐ Teaching, patient education, presentation materials created (handouts, templates, etc.)  
☐ Supervisor evaluation of candidate (intern)= ________________  
☐ Educational certificates that you completed as part of your participation at the preceptorship site. (e.g. research training on human subjects, CEU’s, educational meetings attended) |

☑ Indicates mandatory items that you MUST complete.

## Approval Signatures

**I agree to complete the goals, objective and tasks that I have outlined in this application.**

Candidate (Print/Type): ____________________________ Cohort: ________________

Candidate Signature: ______________________________________________ Date: ________________

**I have reviewed and approved the candidate’s application for this Preceptorship.**

Doctoral Director Signature: __________________________________________ Date: ________________

**I have reviewed the Preceptorship application and I agree to mentor the above listed candidate in order to facilitate their learning in the areas listed in the application.**

Preceptorship Supervisor (Print/Type): __________________________

Preceptorship Supervisor Signature: __________________________________ Date: ________________

☐ Copy given to DAOM program Manager for Candidates files: _____/____/_____