

**Yo San University DAOM- Healthy Aging/Longevity  
Preceptor Application Form**

| GENERAL INFORMATION   |  | Application Date:  |
|---|--|--|
| Candidate Name (print or type):   |  | Cohort #:  |
| Education Start Date:   | Expected Graduation Date:  |  |
| Preceptorship Information   |  |  |
| Name of Preceptorship Supervisor:   |  | <input type="checkbox"/> Copy of CV on file at YSU office  |
| Supervisor of Preceptorship Contact Phone Number(s):  |  | Fax:   |
| Supervisor of Preceptorship Contact E-Mail(s):  |  |  |
| Preceptorship Site Name:  |  |  |
| Preceptorship Site Address:   |  |  |
| Preceptorship Site Orientation Date:  |  |  |
| Preceptorship Start Date:   | End Date:  | # of Hours:  |
| Preceptorship Core Competencies & Objectives  |  |  |
| (Check the areas that apply to your goals/objectives of participating within this preceptorship)  |  |  |
| <input type="checkbox"/> Advanced leadership (Teaching students within the Masters Degree program & colleagues)<br><input type="checkbox"/> Consultation and collaboration – (Actively participating in an integrative healthcare team)<br><input type="checkbox"/> Advanced patient teaching skills and practice management – (Improved practice safety)<br><input type="checkbox"/> Demonstrate skills needed for leadership and teaching in Acupuncture and Oriental Medicine. |  |  |
| #   | AREA   | PRECEPTORSHIP: Overview · Goals · Objectives · Tasks · Deliverables  |
| 1.  | <b>Provide a brief overview of the intended Preceptorship</b>                | <b>(brief summary):</b>  |
| 2.  | <b>Establish your overall goal(s) of participation in this Preceptorship</b> | <input type="checkbox"/> To acquire advanced knowledge in the area of _____<br><input type="checkbox"/> To acquire advanced clinical skills in _____<br><input type="checkbox"/> To develop my teaching skills in _____<br><input type="checkbox"/> To increase my skills in integrative healthcare consultation and collaboration.<br><input type="checkbox"/> To acquire additional skills at conducting research in healthcare.<br><input type="checkbox"/> To acquire at program development in the areas of _____<br><input type="checkbox"/> (other): _____  |
| 3.  | <b>Measurable objectives you want to accomplish</b>                          | <input type="checkbox"/> 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.<br><input type="checkbox"/> The candidate will enhance their ability to educate and inform peers in a conference or CEU setting through written/visual and oral communication.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> The candidate will increase their knowledge of Western Medical terminology and diagnostics.<br><input type="checkbox"/> The candidate will become proficient at teaching master-level students through classes or tutorials.<br><input type="checkbox"/> The candidate will become proficient at patient education on TCM and acupuncture treatments recommended and performed on individual patients. |
| 4.  |  | <input checked="" type="checkbox"/> Complete clinic logs <b>daily</b> , and <b>turn them in monthly</b> when classes are in session  |

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|           |   |   |
|-----------|---|---|
|           | <b>Tasks you will be performing which will lead you to meeting your objectives</b>                                    | <ul style="list-style-type: none"> <li>• Record total hours, dates and patient case types per log.</li> <li><input type="checkbox"/> Articulate a TCM and acupuncture treatment plan coordinated with overall patient care plan.</li> <li><input type="checkbox"/> Document using "SOAP" format per protocol and review documentation with clinical supervisor.</li> <li><input type="checkbox"/> Use medical dictionary to review words, diagnoses, disease processes, etc. in order to understand patient care, diagnostic signs &amp; symptoms and "red flags" that indicate patient safety issues.</li> <li><input type="checkbox"/> Creating a class outline for lectures and tutorials.</li> <li><input type="checkbox"/> Creating a visual presentation using multi-media tool.</li> <li><input type="checkbox"/> Using on-line resources for reference materials for teaching/lecturing.</li> </ul>         |
| <b>5.</b> | <b>Check the deliverables that you will have at the end of this Preceptorship that demonstrate accomplished goals</b> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Program development items created: Forms, guidelines, etc.</li> <li><input type="checkbox"/> Case reviews (One per _____)</li> <li><input type="checkbox"/> Research protocols developed, orientation guidelines for research, IRB items used</li> <li><input type="checkbox"/> Presentations: Copy of sign-in sheets and evaluations for presentations you conducted</li> <li><input checked="" type="checkbox"/> Teaching, patient education, presentation materials created (handouts, templates, etc.)</li> <li><input checked="" type="checkbox"/> Supervisor evaluation of DAOM candidate _____</li> <li><input type="checkbox"/> 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)</li> </ul> |

Indicates mandatory items that you **MUST** complete.

## Approval Signatures

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**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 Dean's 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: \_\_\_\_/\_\_\_\_/\_\_\_\_