Ellwood Office Park South
201-1003 Ellwood Road SW, Edmonton AB T6X 0B3
Tel: 780.449.3114 TF: 1.877.351.2267
www.ABparamedics.com

Record of Preceptorship Form

This form is for use by regulated members as supporting documentation for primary or secondary preceptors of EMR, PCP or ACP students.

RECORD OF PRECEPTORSHIP INFORMATION

Name _____

RO Number _____

Role ❑ Primary preceptor ❑ Secondary preceptor ❑ Mentor

Employer _____

Student Name _____

RO Number _____

School/Institution _____

Start Date _____

End Date _____

Total Hours (Maximum 30 hours) _____

❑ I certify that the information in this application is true and correct.

_____ _____

Signature Date

Regulated members are required to keep documentation of their CC activities for five years.