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Record of Precepting Form (PCP Students)

This form is for use by regulated members as supporting documentation for precepting PCP students.

Regulated members can claim 10 CE credits per PCP student.

PRECEPTORSHIP INFORMATION

Name _____ R0 Number _____

Employer _____

Student #1

Student Name _____ R0 Number _____

School/Institution _____

Start Date _____ End Date _____

Student #2

Student Name _____ R0 Number _____

School/Institution _____

Start Date _____ End Date _____

Student #3

Student Name _____ R0 Number _____

School/Institution _____

Start Date _____ End Date _____

Please provide a detailed report of topics/activities that were covered during the preceptorship?

☐ 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.