

Continued: Student Name \_\_\_\_\_

**Host Site/Preceptor Rights and Responsibilities**

HOST SITE/PRECEPTOR will provide an orientation for assigned medical students to acquaint them with HOST SITE/PRECEPTOR protocols and facilities, and will provide supervision of the students throughout training by members of the faculty of HOST SITE/PRECEPTOR, as well as any resident and intern staff.

The HOST SITE/PRECEPTOR, agrees to be responsible for assisting the student in developing and implementing educational objectives for this preceptorship. The specific duties and responsibilities of the students assigned to HOST SITE/PRECEPTOR shall be in accordance with the overall preceptorship guidelines as maintained by UNECOM.

**Students are required by UNECOM to maintain standards of professionalism. If the host site/preceptor has any concerns, they should contact Victoria Thieme, DO [vthieme@une.edu](mailto:vthieme@une.edu).**

**UNECOM Rights and Responsibilities:**

UNECOM agrees to be responsible for the assessment of the goals related to this preceptorship. The above –named student is formally enrolled in good standing in the College of Osteopathic Medicine (UNECOM) program at the University of New England). As such, s/he is covered, through UNECOM, by a blanket professional liability insurance policy at a \$2,000,000/\$4,000,000 level.

Students at UNECOM are required to: a) maintain health insurance coverage while enrolled at the university; b) document acceptable titers for Measles, Mumps, Rubella and Varicella; c) document Hepatitis B series + titer (or waiver); d) document annual tuberculosis screening; e) document current tetanus vaccine (Tdap); f) maintain certification for Basic Life Support; g) annually update training regarding HIPAA regulations and OSHA blood borne pathogens.

Kathryn Brandt, DO, MS.MEdL  
Chair Primary Care  
UNECOM

STUDENT: List goals for this preceptorship

1.	
2.	
3.	
4.	

Submit This Registration In Advance of the Intended Start of Your Preceptorship to:

Pam Smith  
Community Preceptor Program  
[psmith@une.edu](mailto:psmith@une.edu)  
Tel: 207-602-2354

Community Preceptor Program  
Decary Hall Room 36, 11 Hills Beach Road, Biddeford, ME.  
Fax: 207-602-5943



PRECEPTORSHIP AFFILIATION REGISTRATION and APPROVAL FORM

**UNECOM MEDICAL STUDENT**

**Submit This Registration in Advance of the Intended Start of your Preceptorship**

Preceptor Program Office MUST approve every preceptorship in advance of its start for you to be covered by professional liability insurance

**STUDENT INFORMATION**

**PRECEPTORSHIP INFORMATION**

Student Name				Preceptorship Name			
Grad Year		Phone		Dates			
Email				PRINTED Name/Degree of Clinical Trainer ↓			
Current Address							
City		State		Zip		Email of Trainer	

**SITE INFORMATION**

Site Name				Contact Name/Title					
Address				Email					
City		State		Zip		Phone #		Fax #	
<b>Address to which application should be mailed if different from above</b>									
City		State		Zip		Name/Dept.			

**HOST SITE/PRECEPTOR**

Please complete the section below and fax (207-602-5943) or e-mail [psmith@une.edu](mailto:psmith@une.edu) to the UNECOM Community Preceptor Program office. Call 207-602-2354 if questions

**Site Confirmation and Information**

Upon your confirmation, this preceptorship becomes an academic requirement to which the student is obligated. Only under extraordinary circumstances may a student be excused from this commitment

Is the supervising physician Board certified or Board eligible in this discipline →		YES		NO
This preceptorship is Approved →		YES		NO
This preceptorship is Approved by → Please print				
<b>Signature →</b>				
Date				

**Educational Agreement**

This document will serve as the education agreement for this clerkship. If a more detailed agreement is required, please forward your agreement to, or request our agreement from Pam Smith @ [psmith@une.edu](mailto:psmith@une.edu) (Phone: 207-602-2354)

**UNECOM Community Preceptor Program OFFICE**

This preceptorship is	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	By	
Date Received		Date Returned		Victoria Stacey Thieme, DO