



American College Of Traditional Chinese Medicine

Preceptor Agreement

Thank you for your willingness to support the training of student clinicians at American College of Traditional Chinese Medicine. It is through collaboration with acupuncture providers in the community that our students learn about practice outside of the teaching clinic, and begin to develop an idea of their future practice. Preceptor opportunities also increase the diversity of practice ideas that they are exposed to while learning the concepts and information needed for a first professional degree.

This agreement constitutes a memorandum of understanding between you and ACTCM, and is open to all California licensed acupuncturists with at least 5 years of clinical training. We will refer students to you that are academically ready to be in the observation phase of training, and will ensure that the student has been trained with curriculum on safety and blood borne pathogens, the Health Insurance Portability and Accountability Act of 1996, and is conversant with the policies and procedures of ACTCM. The student will be there as an observer, and will not needle, cup, apply moxa or in any other capacity treat your patients.

While we cannot pay you for this service, we gratefully offer the following as a way of saying thank you for your support.

- You may list on your resume or curriculum vitae your status as “ACTCM Preceptor.”
- You are entitled to a 10% discount on a continuing education course of your choice each year you host a student.
- You will receive a 10% discount on supplies at our store, located on our De Haro campus at 555 De Haro Street, suite 210, San Francisco, CA.
- You will be invited to participate in an annual thank you event that will include dinner and a free continuing education event.

You agree to provide 44 hours of observation (or a smaller number of hours on prior agreement with ACTCM and the student) in your clinic. You must be a California-licensed acupuncturist with a minimum of five years of clinical experience, and be able to document malpractice insurance at \$1,000,000 per incident and \$3,000,000 aggregate coverage. You agree to sign a timesheet verifying that the student was observing patient care during the hours recorded on the observation form, and complete a simple assessment at the end of the term.

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Your signature below signifies that you understand and will be able to complete the above. Thank you again for the invaluable assistance you are providing to the next generation's licensed acupuncturists.

For ACTCM

Steve Given, DAOM, L.Ac.

Date

Provider Name (Print)

Signature

Date



Preceptor Program

Preceptor Name: _____

Clinic Location: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Email: _____

California License Number: _____ Expiration Date: _____

Malpractice Carrier: _____

Acupuncture School or Program: _____

Graduation Date: _____ Number of Years in Practice: _____

Have you ever been involved in a malpractice suit? Yes No

Have you ever had your license denied or revoked? Yes No

May we release your practice information to potential preceptees? Yes No

Please email (stevegiven@actcm.edu), fax (415.282.9037) or mail the above form with a copy of your resume or curriculum vitae to:

Steve Given, DAOM, L.Ac.
Dean of Clinical Education
455 Arkansas Street
San Francisco, CA 94107

If you have any questions please contact Dr. Given at 415.282.7600, ext. 219 or stevegiven@actcm.edu.

Thank you.

PRECEPTORSHIP TIMESHEET

Date	Time Start	Time Stop	Hours	No. of Contacts	Preceptor Initials
Total					

Learning Outcome	Competence
The student is able to articulate to the preceptor member the significance of specific patient findings to the patient’s assessment.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to articulate to faculty how the assessment and plan can be developed from the subjective and objective findings.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to assist clinic faculty to fill a raw herb or powder herb prescription, as well as complete the charge slip.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional in all communication with staff and providers.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional with respect to grooming, timeliness and deportment at all times.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated

Areas of Excellence:

Areas Needing Improvement:

Final Grade:

- Pass
- Pass with remediation
- Fail

Preceptor Name: _____

Preceptor Signature: _____ Date: _____

Please email (stevegiven@actcm.edu), fax (415.282.0856) or mail the above form to:

Steve Given, DAOM, L.Ac.
Dean of Clinical Education
455 Arkansas Street
San Francisco, CA 94107

Thank you.