

Name: _____

Semester: _____



Preceptor Agreement

Thank you for your willingness to support the training of student clinicians at ACTCM at the California Institute of Integral Studies (ACTCM at CIIS). 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 at CIIS, and is open to all California licensed acupuncturists with at least 5 years of clinical experience. 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 at CIIS. 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 “Preceptor at ACTCM at the California Institute of Integral Studies.”
- You may participate in continuing education courses free of charge in the ACTCM at CIIS DAOM program on a space available basis. Please contact DAOM program staff at daomprogram@ciis.edu for the availability and scheduling of continuing education opportunities.
- 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 60 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.

Name: _____

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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 at CIIS

Kara Romanko, DAOM, LAc
Interim Director of Clinical Education

Date

Provider Name (Print)

Signature

Date

Name: _____

Semester: _____



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 (jkim@ciis.edu), fax (415.282.0856) or mail the above form with a copy of your resume or curriculum vitae to:

Jung Kim, DAOM, L.Ac.
Assistant Director of Clinical Education
ACTCM at CIIS
455 Arkansas Street
San Francisco, CA 94107

If you have any questions please contact Dr. Kim at (415) 229-9746 or jkim@ciis.edu.

Thank you.

Name: _____

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Students have the option of completing one of their Clinic Observation II (ACM5351, or ACM5452) shifts by participating in the ACTCM at CIIS Preceptorship Program. Students who choose this option will complete all aspects of the Clinic Observation II course under the supervision of a licensed practitioner who has been approved by the administration as an ACTCM at CIIS Preceptor. Students may encourage licensed practitioners who meet the minimum requirements to apply for participation in the program. These preceptors may work in various clinics and settings in California. Students must complete the 60 hours with their preceptor and submit the appropriate documentation to the Assistant Director of Clinical Education verifying their participation by the end of the second week of the semester following the completion of their preceptor hours. The preceptee (student) must register for Observation II in the semester in which they plan to complete their preceptor hours.

Student Name: _____

Practitioner Name: _____

Term of Participation: _____

I agree to participation in the Preceptorship Program as described above. I understand I will register for Observation II (ACM5351, or ACM5452) credits with ACTCM at CIIS during the term I wish to participate in order to receive course credit.

Signature of Student

Date

Signature of Academic Dean

Date

Name: _____

Semester: _____



American College of Traditional Chinese Medicine
at California Institute of Integral Studies

PRECEPTORSHIP TIMESHEET and EVALUATION

Dear Preceptor:

Thank you for your willingness to have a preceptee from ACTCM at CIIS observe your private practice. This learning opportunity is critical to the preceptee’s development as a future clinician. Please initial each line of the timesheet above after it has been completed by the Preceptee. Please also take a time to assess the competencies on the reverse and make any comments in the space provided.

Email (jkim@ciis.edu), fax (415.282.0856) or mail the above form to:

Jung Kim, DAOM, L.Ac.
Assistant Director of Clinical Education
ACTCM at CIIS
455 Arkansas Street
San Francisco, CA 94107

Thank you. Please feel free to call me at 415-229-9746 or email at jkim@ciis.edu if you have any questions.

Student’s Name: _____

ID: _____

Year: _____

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

Preceptor Signature: _____ Date: _____

Name: _____

Semester: _____

Assessment of Preceptee by Preceptor

Student Name: _____

ID# _____

Learning Outcome	Competence
The in conversation student demonstrates a basic understanding of traditional Chinese medicine. <i>Students may be in their first year and have a knowledge base limited to fundamental theory, diagnosis and meridian structure.</i>	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
At the appropriate time the student asks questions germane to the case under observation.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional in all communication with the preceptor and office staff.	<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

Preceptor Comments:

Professionalism:

Knowledge
