

PRECEPTOR VERIFICATION FORM – MANDATORY FOR EVERY SHIFT

Date: _____ **Site/Agency Name:** _____

Rotations Start Time: _____ **Rotation End Time:** _____

Student Printed Name: _____

I, _____ (preceptor printed name) verify that this student completed the rotation listed above and that he/she has given me the opportunity to evaluate his/her performance and data/paperwork in platinumplanner.com or on paper in the event of internet or device failure or if I am uncomfortable or unsure about completing the student's review and evaluation in Platinum Planner.

Preceptor Signature

(NOTE: If you, the preceptor, are unsure of how to evaluate, would like to discuss the student's performance or behavior, or do not wish to utilize the methods provided by the student for ANY reason, please email or call the Clinical Coordinator for PERCOMOnline, Inc. and PERCOM/Kilgore College Consortium with the information given below. (Feel free to tear off the bottom part of this sheet to save this information for use.

We also may be contacting you directly or your site to verify that you are the preceptor for this student's shift and experiences as a quality assurance and security measure. THANK YOU!!!)

PERCOM's Clinical Coordinator is Tammy Williams. Telephone: 903/407-1563

Email: clinicalcoordinator@percomonline.com