

Preceptor CE Verification Form*

(Education program must be the same. If precepting for more than one education program, complete a form for each program. However, hours are counted as hours of precepting, regardless of the number of students precepted at a time.)

RCP Name: _____

RCP License No.: _____

Education Program Name: _____

MM/DD/YY**	Start Time	Total Hrs***	Student(s) Names Precepted
Date precepting instruction was provided to students.	Time precepting began on this date. Please use military time or indicate am/pm.	Total hours precepting instruction provided on this date.	Recommend using first initial and last name to identify students. The purpose of this section is to provide enough information that the clinical director can verify hours precepted for the day regardless of the number of students precepted.
Total Hours			<p>Clinical Director Signature Education program's clinical director's e-signature verifying preceptor instruction provided as presented to the best of his/her knowledge. (Hand signature and date also accepted)</p> <p>Clinical Director Name</p>

I swear under penalty of perjury the information I reported on this form is true and accurate.

RCP's Digital Signature/Date

(Hand signature and date also accepted)

*This form was created to assist licensees with maintaining records required pursuant to Section 1399.352.6(b)(2)(D) of the California Code of Regulations (CCR). The use of this form is optional.

** Do NOT duplicate dates. Only one date should be listed for all preceptor hours provided on each day regardless of various start times or changes in students.

*** Pursuant to CCR Section 1399.352.6(b)(2)(E), "Preceptor hours identified in this subdivision are for hours of instruction, regardless of the number of students instructed at one time."

Notes: