



PRECEPTOR APPLICATION

Development Systems, Inc.
4049 Pennsylvania Ave.
Suite 330
Kansas City, MO 64111

1-866-91-CTCFP – www.CTCFP.org

UMKC – School of Nursing
2220 Holmes, Room 245
Kansas City, MO 64111

Grant FPTPA006002-01-00, Office of Population Affairs,
U.S. Department of Health and Human Services

CLINICAL TRAINING CENTER FOR FAMILY PLANNING

The Clinical Training Center for Family Planning (CTCFP) provides training for Title X clinical family planning preceptors. **Clinical family planning preceptors provide individualized transitional role support for less experienced and new family planning practitioners.** Preceptors ensure that direct care providers in Title X settings apply the most current knowledge and skills necessary for effective delivery of high quality family planning services.

CTCFP PRECEPTOR TRAINING

The 18-hour training will provide the family planning preceptor with foundational knowledge and skills in the preceptor role; adult learning principles; competency-based instruction; assessing, planning, implementing and evaluating learning activities; and factors affecting the preceptor-preceptee relationship. In addition, the preceptor training course will increase participants' familiarity with the Title X guidelines and the national family planning priorities and enhance participants' knowledge and skills associated with the required core Title X services.

Lecture, discussion, group activities and simulated clinical experience, including human patient simulators and teaching patients will be used. The content is designed for those new to the family planning preceptor role, those who have been precepting that have not had formal training, and those who would like a refresher. Training dates and locations can be found at www.CTCFP.org.

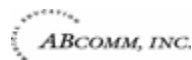
PRECEPTOR QUALIFICATIONS

The preceptor training is open to experienced Title X family planning practitioners including those qualified and licensed as a Nurse Practitioner, Certified Nurse Midwife, Physician Assistant, Doctor of Medicine, or Doctor of Osteopathy. Practitioners must currently work in a Title X agency and have significant experience in clinical family planning. Applicants must have the equivalent of at least one full year of Title X family planning experience. Previous preceptor or clinical teaching experience is preferred, but not required.

CONTINUING EDUCATION

Eighteen hours of continuing nursing education and continuing medical education credits are offered through this training.

Development Systems, Inc. is an approved provider of continuing nursing education by the Missouri Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. ABcomm, Inc. designates this educational activity for a maximum of *18 AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity. Participants must complete and submit a program evaluation form in order to receive a certificate of credit.

TRAINING REIMBURSEMENTS

The CTCFP preceptor training does not have a registration fee. The sponsoring agency of the preceptor is to pay transportation and per diem. The CTCFP will provide up to \$400.00 towards travel expenses. Preceptors can speak with their Title X Regional Training Center and Regional Program Consultant to inquire about possible assistance with travel expenses, if necessary.

PRECEPTOR SELECTION

The CTCFP preceptor program has open enrollment and will select preceptors based on the qualifications outlined above. CTCFP will make every effort to place preceptors in the first available class. The final decision about class composition will be made by the CTCFP Project Director and the Office of Family Planning Project Officer in collaboration with the Title X Regional Program Consultants.



PRECEPTOR APPLICATION

First Name: _____ Last Name: _____

Credentials: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Pager: _____ Personal E-Mail: _____

Title X Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Work E-Mail: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Supervisor's Title: _____ Supervisor's E-Mail: _____

Supervisor's Address: _____

Agency's Title X Funding Grantee: _____

Title X Clinical Role:

____ Nurse Practitioner ____ Physician Assistant ____ Doctor of Osteopathy

____ Nurse Midwife ____ Doctor of Medicine

Area of Clinical Expertise/Specialty: _____

License Type and Number: _____ State: _____ Expiration Date: _____

License Type and Number: _____ State: _____ Expiration Date: _____

Educational Degree(s): _____

Are You Also Interested in Being Trained as a Trainer? Yes: _____ No: _____

CLINICAL EXPERIENCE:

1. Total Years of Family Planning Experience: _____

2. Do You Currently Work in a Title X Clinic? Yes No

3. Total Years of Family Planning Experience in Title X Site(s): _____

4. Average Number of Hours Per Week Worked in Title X Family Planning Clinic in Past Year: _____

5. Average Number of Title X Family Planning Clients Seen Per Week in Past Year: _____

6. How Comfortable Are You with Your Skill Level in the Following Areas?

	Extremely Comfortable 1	Comfortable 2	Somewhat Comfortable 3	Not Comfortable 4
New Start Hormonal Birth Control (excluding progesterone IUC and Implanon)				
Hormonal Birth Control Problems (excluding progesterone IUC and Implanon)				
Implanon Insertion				
Intrauterine Contraceptive Insertion				
Intrauterine Contraceptive Removals				
Intrauterine Contraceptive Problems				
Pelvic and Breast Exams				
Pap Smears				
Vaginal Infection Diagnosis and Treatment				
Male GU Examinations				
Sexually Transmitted Disease Diagnosis and Treatment				
HIV Counseling and Screening				
Pregnancy Diagnosis and Options Counseling				
Encounters with Clients age 18 and Younger				
Colo-Rectal Cancer Screening in Individuals Over 40				
Level I Infertility Services				
Explaining the Title X Clinical Guidelines				
Explaining the Risks and benefits of All the Contraceptive Methods				
Precepting Learners Who Have Little or No Clinical Experience in Family Planning				
Microscopy for Diagnosis of Vaginal Infection				

BRIEF QUESTIONS FOR PRECEPTOR APPLICANT:

6. Why do you want to become a preceptor? What will the preceptor experience help you learn or accomplish?

7. Detail your preceptor experience, teaching experience, training, or education that you feel will assist you in being a preceptor. What were your strengths and weaknesses? What were the outcomes?

8. How does your agency plan to utilize your preceptor skills after you attend the training? (be as specific as possible)

- Precept new and less experienced NPs, CNMs, PAs, MDs, and DOs *in own agency/agency system.*
- Precept new and less experienced NPs, CNMs, PAs, MDs, and DOs *from other Title X agencies.*
- Other: _____



PRECEPTOR LETTER OF AGREEMENT

The Clinical Training Center for Family Planning (CTCFP) and _____
(Preceptor) agree to the following terms and conditions:

1. Effective Date and Term

This agreement was initiated on _____, 20____.

2. Preceptor Responsibilities

To participate in the preceptor program, CTCFP asks that preceptors perform the following responsibilities:

- a. Attend the entire CTCFP preceptor training program.
- b. Commit to precept at least two family planning practitioners per year following the preceptor training program.
- c. Commit to precept for at least 12 months following the preceptor training program.
- d. Serve as a role model and be supportive of the preceptee.
- e. Negotiate learning activities with the preceptee based on a review of the preceptee's initial skills and abilities.
- f. Arrange for the observation of a variety of patient encounters necessary for the preceptorship.
- g. Supervise, demonstrate, teach and observe the preceptee in clinical activities to help the preceptee develop their skills.
- h. Ensure preceptee completes pre- and post-testing and evaluations provided by CTCFP.
- i. Maintain time and activity records of the preceptorship.
- j. Evaluate the preceptee's performance.
- k. Evaluate the preceptorship experience.
- l. Allow CTCFP staff to make clinical site visits every other year to assess progress and provide technical assistance.
- m. Update CTCFP staff and faculty on preceptor progress as requested by CTCFP.

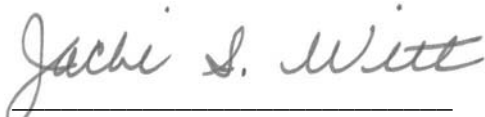
- n. Participate in the CTCFP refresher trainings via in-person training, teleconference, and/or on-line.

3. CTCFP Responsibilities

If the preceptor is accepted into the training program, the CTCFP will be responsible for the following:

- a. Provide CTCFP preceptor training to participant.
- b. Supply the preceptors with materials necessary for the preceptorship experience.
- c. Offer refresher training to preceptor via in-person training, teleconference, and/or on-line.
- d. Provide nursing Continuing Education credits and Continuing Medical Education credits for attending the preceptor training.
- e. Cover the costs of the training registration and provide up to \$400.00 toward travel expenses. The sponsoring agency of the preceptor is to pay transportation and per diem.

The signatures on this letter signify agreement to the terms and conditions described above.



Jacki Witt, JD, MSN, WHNP, CNM
Project Director
Clinical Training Center for Family Planning

Preceptor



AGENCY AND SUPERVISOR LETTER OF AGREEMENT

The Clinical Training Center for Family Planning (CTCFP) and _____
(Agency) agree to the following terms and conditions:

1. Effective Date and Term

This agreement was initiated on _____, 20____.

2. Agency Responsibilities

CTCFP asks that the employing agency of the preceptor perform the following responsibilities:

- a. Arrange for preceptor to attend CTCFP preceptor training.
- b. Utilize preceptor upon return from training including assisting with arrangements for at least two family planning practitioners to be precepted per year following the preceptor training program.
- c. Commit to using preceptor for at least 12 months following the preceptor training program.
- d. Verify that preceptees are qualified for the program. Preceptees must be new to the family planning field or in need of additional training because of individual circumstances, and be licensed as a Nurse Practitioner, Certified Nurse Midwife, Physician Assistant, Doctor of Medicine, or Doctor of Osteopathy. Ensure preceptee liability coverage.
- e. Ensure commitment of medical director or other physician to act as a resource person for clinical questions at the local level. The resource person should be available to answer any general questions the preceptor has during the preceptorship.

Please indicate the name and contact information for the medical director or other physician that will be available as a resource for the preceptor:

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

- f. Ensure the availability of preceptor and necessary learning experiences to meet the objectives of the program.

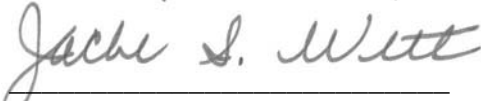
- g. Allow the preceptor to reduce the number of patients seen while working with the preceptee to permit time for learning if precepting occurs in the preceptor's "home" agency. - **OR** - Allow the preceptor to travel to the preceptee's practice site, as necessary and as negotiated between preceptor's and preceptee's agencies.
- h. Sign-off on time and activity records of the preceptorship.
- i. Evaluate the preceptorship experience from the agency's perspective.
- j. Update CTCFP staff and faculty on preceptor progress as requested by CTCFP.

3. CTCFP Responsibilities

If the preceptor is accepted into the training program, the CTCFP will be responsible for the following:

- a. Payment to the Title X family planning agency of \$250.00 for each 7.5 hours the preceptor works with the preceptee. The number of days of the preceptorship will depend on the preceptee's experience level. The number of days that the CTCFP will pay for the preceptorship will be negotiated with the agency.
- b. Provide CTCFP preceptor training to participant.
- c. Supply the preceptors with materials necessary for the preceptorship experience.
- d. Offer refresher training to preceptor via in-person training, teleconference, and/or on-line.
- e. Provide nursing Continuing Education credits and Continuing Medical Education credits for attending the preceptor training.
- f. Cover the costs of the training registration and provide up to \$400.00 towards travel expenses. The sponsoring agency of the preceptor is to pay transportation and per diem.

The signatures on this letter signify agreement to the terms and conditions described above.

 _____ Jacki Witt, JD, MSN, WHNP, CNM Project Director, Clinical Training Center for Family Planning	_____ Date
_____ Preceptor Agency Director	_____ Date
_____ Preceptor Supervisor	_____ Date

BRIEF NARRATIVE QUESTIONS FOR PRECEPTOR APPLICANT'S AGENCY DIRECTOR:

1. List some of the applicant's strengths and reasons why you support this individual's desire to become a preceptor.

2. How does the agency plan to utilize the applicant as a preceptor after the training is complete? (be as specific as possible)

Thank you for applying for the Clinical Training Center for Family Planning's preceptor training program. Please be sure to include the following items when applying for the preceptor training:

- Completed Preceptor Application
- Signed Preceptor Letter of Agreement
- Signed Agency and Supervisor Letter of Agreement
- Copy of State License(s)
- Curriculum Vitae or Resume

I understand that the information on this application is subject to verification. I certify that the information provided is true and correct to the best of my ability.

Preceptor Signature: _____ **Date:** _____

The application packet should be sent to:

Email:
apatton@devsys.org

Fax:
816-561-4222
Attn: Aimee Patton

Mail:
Clinical Training Center for Family Planning
Attn: Aimee Patton
4049 Pennsylvania Ave., Suite 330
Kansas City, MO 64111