

PRECEPTORSHIP AGREEMENT FORM

This form is to be completed by the **Preceptor and Preceptee** and returned to the Louisiana Board of Veterinary Medicine for review and approval AT LEAST TWO WEEKS PRIOR TO THE BEGINNING OF PRECEPTORSHIP.

The undersigned hereby agrees to the following conditions and terms for the completion of a preceptorship:

Preceptor's Responsibilities:

1. To assume the responsibility of an instructor during the training period with the primary objective to train the preceptee under direct supervision.
2. To ensure that the degree of responsibility delegated to the preceptee shall in no way conflict with the Veterinary Practice Act of his/her state or those where work might be done.
3. To conduct oneself in a professional and ethical manner.
4. To extend the same privileges to the preceptee as afforded other practice employees.
5. To never consider the preceptee as a substitute employee or to represent him/her as being a licensed veterinarian.
6. To assure that the preceptee's assignments cover all aspects of the practice including office management, bookkeeping, and economics – unless the facility holds a limited approval.
7. To be subject to unscheduled on-site visits by a member of the Board during the preceptorship period.
8. To evaluate the preceptee's performance and verify the preceptee's attendance log.

Preceptee's Responsibilities:

1. To regard the host veterinary practitioner as an instructor.
2. To conduct oneself in an ethical and professional manner.
3. To be responsible for keeping all professional matters confidential in the manner of a true veterinarian-client-patient relationship.
4. To maintain a personal appearance and attitude befitting a professional.
5. To be responsible for personal clothing and footwear unless other arrangements are made with the host preceptor.
6. To be responsible for the completion and timely submission of all required preceptorship forms.
7. To comply with all requirements of direct supervision.

PRECEPTORSHIP IS TO START ON _____ AND END ON _____

There must be STRICT ADHERANCE TO THE DATE SPECIFIED ABOVE.

THIS AGREEMENT **SHALL BE NULL AND VOID** IF IT IS EXECUTED BEFORE THE PRACTICE HAS BEEN ASSESSED AND APPROVED BY THE PRECEPTORSHIP COMMITTEE AND/OR THE LOUISIANA BOARD OF VETERINARY MEDICINE.

Both parties agree to notify the board office immediately if illness or other unforeseen circumstances cause the time period of the preceptorship to be changed.

THE BOARD STRONGLY RECOMMENDS THAT PRECEPTORS PURCHASE LIABILITY INSURANCE TO COVER THE STUDENT/PRECEPTEE DURING THE PRECEPTORSHIP PROGRAM.

Veterinary School Name : _____

Mo/Year of Veterinary School Graduation: _____

Preceptor Name of Practice _____

PRINT NAME: _____
Preceptee

Preceptor _____

PHONE: (_____) _____

(_____) _____

MAILING ADDRESS: _____

Signed: _____
Preceptee Date

Preceptor Date

OFFICE USE: _____

Mail ORIGINAL form to:
Louisiana Board of Veterinary Medicine
301 Main Street, Suite 1050
Baton Rouge, LA 70801

Expiration Date: _____

Job Description on File: Yes No

Approval Status: Full / Limited