

MSU COHSHS CLINICAL PRECEPTOR INCENTIVE PROGRAM

The guidelines for selection for clinical preceptors include the following:

QUALIFICATIONS:

1. Current licensure/certification as a health care professional according to the minimum standards of his/her discipline.
2. Expertise as a healthcare provider in the specific teaching/learning area.
3. Employed by a healthcare facility with a philosophy congruent with that of the College of Health Sciences and Human Services and the Department for which he/she will serve.
4. Preceptor will serve with the consent and recommendation of supervisor or employing agency.

RESPONSIBILITIES:

The clinical preceptor is expected to serve as a role model and:

1. Create and maintain an atmosphere that allows and encourages independent, self-directed learning.
2. Maintain a level of self-awareness that allows the preceptor to reflect on behavior, motives, and feelings with the student.
3. Review with the student behavioral objectives specific to the clinical experiences and facilitate implementation of the plan.
4. Orient the student to the facility and staff members.
5. Share with the student accumulated expertise in the clinical field through explanation and demonstration.
6. Assist and encourage the student in the use of available resources in the clinical area.
7. Encourage self-initiation, individuality, self-expression, and self-evaluation.
8. Share oral and written evaluations of the student's progress through direct contact with the responsible faculty member.
9. Be willing to be evaluated by the student in relation to the clinical experience.
10. Serve in the capacity of a clinical preceptor for at least one long semester in an academic year to receive benefits.

BENEFITS

1. Free admission into MSU events such as, theater, sporting events, and concerts.

2. Library privileges including access to library databases.
3. One \$500 Scholarship for you or your dependent children per academic year of service.

OBTAINING FACULTY ID CARD AND PRECEPTOR SCHOLARSHIP

1. Submit your completed preceptor agreement form. Your name will be sent to Campus Card Services in room 197 of the Clark Student Center. You can obtain your card from them. It will be activated each semester that you serve as a preceptor.
2. Submit your completed MSU COHSHS CLINICAL PRECEPTOR SCHOLARSHIP REDEMPTION FORM to the appropriate department chair for you or your dependent child.

OBTAINING THE PRECEPTOR SCHOLARSHIP

1. If requesting the scholarship, return the complete MSU COHSHS CLINICAL PRECEPTOR SCHOLARSHIP REDEMPTION FORM to the appropriate Department Chair, before the twentieth (20th) class day of the fall or spring semester you wish to receive scholarship (or the 15th class day for summer). Ask the Department Chair for these dates.
2. Indicate on the MSU COHSHS CLINICAL PRECEPTOR SCHOLARSHIP REDEMPTION FORM which semester you would like to receive the scholarship. Once the form is turned into the Dean's office, you may NOT change your request, so be absolutely certain which semester you want the scholarship to apply toward.
3. Follow up with the MSU Financial Aid Office to ascertain that you have received the scholarship.

NOTE: If the form is not completed and turned in before the 20th class day of the fall or spring semester or 15th class day of the summer semester, you will **NOT** receive the scholarship for that semester. You have one (1) year from the date of issue of the Preceptor Scholarship to use it. If you do not use the scholarship within 1 year from the date of issue, it will be forfeited. The preceptor scholarship applies to tuition only. The preceptor does **NOT** receive monetary compensation for his/her service.

**MSU COHSHS CLINICAL PRECEPTOR INCENTIVE PROGRAM
SCHOLARSHIP REDEMPTION FORM**

Name: _____ MSU ID #: _____ Phone # _____
(Last, First, Middle initial)

1. Term in which you wish to use the scholarship: _____ / _____
(will only receive one per academic year) (fall, spring, or summer) year

2. Which condition applies to you? person currently serving as clinical preceptor
 child of clinical preceptor

If you are the child of a preceptor, provide the following information:

- a. preceptor's name: _____
- b. preceptor's M# or SS#: _____

3. Provide the following information regarding the agreement under which the preceptor was/will be employed. (must use within one year from the issue date)

- a. Name of MSU COHSHS Department: _____
- b. Name of affiliating agency: _____

4. Have you previously received a scholarship through this program? Yes No
If yes, please list the terms/semesters and years:

Term	Year	Term	Year

5. Do you hold a baccalaureate (bachelor's) degree? Yes No

6. Are you currently classified as a Texas resident by this institution? Yes No

7. Is the student currently taking graduate or undergraduate courses at MSU? Grad Undergrad

Applicant's Certification Statement:

I hereby certify that the information I have provided in this application is true and correct.

Signature Printed Name Date

Please fill out this form and submit to your Department Chair. The Department Chair will attach a copy of the agreement to this application before submitting to the Dean's office.

OFFICE USE ONLY:			
_____ Signature of Dept Chair	_____ Date	_____ Signature of Dean	_____ Date