



Category 2 Preceptor Verification Form

Please complete this form if you are using preceptorship activities to recertify your ABTC Credential.

By completing this form, you are certifying that you have participated in these activities and that you comply with all ABTC recertification policies

Please complete the following form clearly print, sign, and date. Your manager or supervisor must sign and date the form.

Certificant Full Name: _____

I confirm that I have served as a preceptor or mentor for:

*Please list the name of the new hire or employee(s) and dates of activity
e.g., joe smith, x/x/20xx New Hire; x/x/20xx — x/x/20xx preceptorship*

This activity qualifies for:

150 hours or approximately 4 weeks is equal to 15 Category 2 CEPTCs

50 hours or approximately one 12-hour shift per week for 4 weeks is equal to 5 Category 2 CEPTCs.

The first new hire or the initial preceptorship activity counts towards 15 Category 2 CEPTCs with each subsequent new hire equal to 5 CEPTCs. You may apply no more than 3 new hires per 3-year recertification cycle.

Please print _____ Date _____
(Name of unit director/unit educator)

Signature _____ Date _____
(Name of unit director/unit educator)

Certificant Signature _____ Date _____