



Category 2 Preceptor Verification Form

Recertification credit for preceptorship activity requires completion of the Preceptor Verification Form, and a letter of verification on institutional letterhead signed by the supervisor validating preceptor activities. Attach both documents to your recertification continuing education.

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:

Enter the employee's name, precepting dates, hours spent precepting, and the number of qualified CEPTCs requested for each employee. Enter the total qualified CEPTCs for all employees precepted into the **total Category-2 CEPTCs** field below

- | | | | |
|----|------------------|---------------------|------------------|
| 1. | _____ | _____ | _____ |
| | Name of employee | Dates of Precepting | CEPTCs qualified |
| 2. | _____ | _____ | _____ |
| | Name of employee | Dates of Precepting | CEPTCs qualified |
| 3. | _____ | _____ | _____ |
| | Name of employee | Dates of Precepting | CEPTCs qualified |

This activity qualifies for _____ total **Category-2 CEPTCs** per recertification cycle based on the following guideline:

150 hours or > hours spent as individual employees' primary preceptor: 15 Category 2 CEPTCs

A minimum of 50 hours spent precepting an individual employee in any capacity: 5 Category-2 CEPTCs

Maximum allowed per recertification cycle: 3 individual employees precepted, or 25 precepting-related CEPTCs.

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

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

Certificant Signature _____ Date _____

Include a signed letter of verification on institutional letterhead from your direct supervisor validating the preceptor activity entered onto the Preceptor Verification Form.