

LA Board of Veterinary Medicine – Preceptorship Agreement Form

This form is to be completed and signed by the Preceptee **AND** the Preceptor/Supervisor and submitted to the LBVM for review and approval **AT LEAST TWO WEEKS PRIOR TO THE BEGINNING OF PRECEPTORSHIP**. The LBVM uses an e-signature solution to capture the required details and signatures below to expedite the approval process.

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

Preceptor's Responsibilities:

1. To assume responsibility as instructor during the training period with the primary objective to train 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.
9. To notify the LBVM immediately if there is any disruption to the start and end dates agreed upon below.

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 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.
8. To notify the LBVM immediately if there is any disruption to the start and end dates agreed upon below.

PRECEPTORSHIP START DATE: _____ AND END DATE: _____.

There must be STRICT ADHERANCE TO THE DATES GIVEN 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 the LBVM. **Both undersigned parties agree to notify the board office immediately if illness or other unforeseen circumstances cause the given time period of the preceptorship to be changed.** Failure to do so can potentially require the preceptee to complete ADDITIONAL WEEKS. It is strongly recommended that the preceptors purchase liability insurance to cover the preceptee/student during the preceptorship program.

Preceptee/Student	Preceptor/Supervisor
First & Last Name (Legal): _____	Name of Practice: _____
Application #: _____	First and Last Name of Approved Supervisor: _____
Email Address: _____	Email Address: _____
Today's Date: _____	Today's Date: _____
Signature: _____	Signature: _____

LBVM Administrative Office

The LA Board of Veterinary Medicine has reviewed and approves the start and end dates of the requested preceptorship. All parties (above-signed preceptee and preceptor as well as the LBVM Administrative Office) will receive a finalized, signed copy of the Preceptorship Agreement Form once it is approved and signed. The LBVM Application Portal (www.lsbvm.org/app-dvm) will be updated to reflect the receive and approval of this agreement as well.

Administrative Notes: _____

Date: _____ **Approved by: (type name)** _____ **Signature:** _____