

Clinical Preceptor Delegate Clarification/Comments:

The Program Director and administrator acknowledge that the information above is accurate** and attests that the Clinical Preceptor Delegates appointed to the program meet the responsibilities and qualifications for appointment specified under Standards III.B.5.a. and III.B.5.b.

Program Director Signature

Administrator Signature

Title

Date

(**Please note that failure to provide accurate information, verified upon ARC/STSA request or during program review [Site Evaluation] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.)