Nursing Affiliation Program: Preceptor Time Study

***Please use black or blue ink ONLY**

Preceptor:	*Must sign below!
Student:	

Thank you for completing this time study which is necessary to determine the amount of Medicare reimbursement the hospital will receive for teaching students. Please be as accurate as possible in your calculations. **This form must be signed by the preceptor & submitted at the end of the week collected, see contact information below.**

Date	Shift (8, 10, 12, etc)	Time Spent Directly Teaching Student in Hrs/Mins

Direct Teaching: This is the time you are actually engaged with the student through explaining procedures, answering questions, reviewing films, demonstrating processes, explaining medications, performing physical assessments, getting patient report, reviewing and evaluating labs, observing them do a procedure, etc.

Preceptor Signature:	
Preceptor ID#	
	Preceptor: please enter the number of hours or increments of hours you've spent communication with the student's school and/or faculty, about scheduling, evaluations, student progress, issues with schedules etc.

Return Forms to:

Mikel Koyl
Inter-Office Mail Code #305, Nursing Education & Research
Phone: 248-551-7462 Fax: 248-551-6422 (from the unit, dial 16422)
E-mail: CHEnursingstudents@corewellhealth.org