



Preceptor Program Preceptor Application

TO BE COMPLETED BY PRECEPTOR CANDIDATE
(Attach Manager Recommendation Form)
Please Print or Type

1. Name _____
Address _____
Phone: Home _____ Work _____
Fax: _____ Email: _____

2. Credentials _____
Additional Preparation _____

3. Professional Nursing Experience
Present position _____
Employer _____
Previous Position(s) _____

4. Areas of Expertise (check all that apply)
 Clinic Orientation Hypopituitarism Osteoporosis
 Research Coordination GH Deficiency Reproductive
 Patient Database Acromegaly Other _____
 Insurance Reimbursement Stim Test Procedures
 Diabetes Thyroid Disorders

5. Nursing Organization Activities
Current ENS Member? Y / N (please circle) If yes, then please provide most current membership dates: _____
ENS Activities _____
Other Professional Activities _____

6. Goals of ENS Preceptor Program _____

If appointed as a preceptor, I promise to serve to the best of my ability, comply with HIPAA Guidelines, and complete the program evaluation forms. I agree to contact preceptee, welcome, assist in arrangements for site visit. Once the process is complete, I will receive an honorarium in the amount of \$250. The evaluation forms should be sent to:

ENS Education Committee
c/o Teresa Kidder-Moore, RN
Phone: #702-575-2679
Email: <mailto:tkm820@aol.com>

Signature _____ Date _____



To: Endocrine Nurse

From: ENS Education Committee

Teresa Kidder-Moore, RN

Thank you for your interest in the Endocrine Nurses Society's (ENS) Preceptor Program. We are very excited about our new program and are eager to recruit experienced nurses who are willing to share their expertise with nurses new to the field of adult endocrinology. We would like to assist you in providing a hands-on approach to learning by allowing an inexperienced nurse (Preceptee) to observe you in your own practice. In this type of learning environment, we feel a new nurse is able to appreciate the complexity of care needed to manage a highly-specialized adult endocrine patient and obtain necessary information that can be applied to your practice.

As a potential Preceptor, you must be a current ENS member, provider/educator of direct patient care, have at least 2-5 years endocrine nursing experience and have approval from your supervisor to host a new nurse. If you are interested in participating, please forward the enclosed Preceptor application along with a current resume or CV to the ENS Education Committee. For your participation, you will receive an honorarium in the amount of \$250.00 for each preceptee that you assist with a preceptorship.

Also enclosed is a letter for your supervisor, which describes the program and your involvement in the program. We require that a "Manager Recommendation Form" be completed by your supervisor and returned to the ENS Education Committee.

We wish to thank you in advance for considering this Preceptor Program and are excited about the prospects of being able to share information and experiences to our fellow endocrine nurses! If you have any questions, concerns, or comments, please do not hesitate to contact:

ENS Education Chair:
Teresa Kidder-Moore, RN
tkm820@aol.com
Phone: 702-575-2679