



CANA

CCNM - BOUCHER CAMPUS PRECEPTOR PROGRAM

Revised: November 22, 2021
By: Dr. Fairman-Young

Preceptor Host:

Please evaluate your student according to the above criteria and add any comments you wish to make. The form should be completed on the last day of the preceptorship. Please give this to the student in a sealed envelope or email completed forms to the Clinical Studies Coordinator Ellen Kolvers at ekolvers@CCNM.edu.

PRECEPTOR HOST EVALUATION OF STUDENT

Student name: _____

Preceptor Name and Title: _____

Address: _____

Dates of Placement: from: _____ to: _____

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