Dear Sir or Madam,

A medical imaging professional who is applying to the Bachelor of Science in Medical Imaging and Therapeutic Sciences (BSMITS) Degree Advancement Option (DAO) at the University of Nebraska Medical Center has requested that you serve as their preceptor for the program. This program is offered via distance education, allowing technologists to complete their baccalaureate degree completely online while continuing to work and live in their own community.

The purpose of the preceptorship is to provide a “mentor-student” relationship in the organization or community where the student works. The student has asked you to participate because he/she looks up to you professionally and respects your work. Please consider spending some extra time with this student. It is our hope that even though this technologist may be quite experienced, you will find ways to challenge him/her and expand his/her current knowledge and skills.

The Preceptor Guidelines and Responsibilities and agreement form are enclosed. The form will need to be completed and signed if you agree to participate as a preceptor for this student. Please return the Agreement Form and a copy of your current resume to the applicant and retain my letter for your records. Feel free to contact me with any questions, concerns, or comments at anytime.

Thank you in advance for your interest and support in helping this applicant pursue his or her educational objectives.

Sincerely,

Tanya Custer, MS, R.T.(R)(T)
Assistant Professor & Clinical Education Coordinator
Medical Imaging & Therapeutic Sciences
College of Allied Health Professions
University of Nebraska Medical Center
984545 Nebraska Medical Center
Omaha, NE 68198-4545
402-559-6998
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Preceptor Requirements and Responsibilities

The Bachelor of Science in Medical Imaging and Therapeutic Sciences (BSMITS) Degree Advancement Option (DAO) at the University of Nebraska Medical Center provides a way for working technologists to obtain a baccalaureate degree through distance learning technology. The DAO is intended for students interested in completing their degree while they continue to work as an imaging and therapeutic science professional without having to leave their own community to attend on-campus classes.

A vital feature of the DAO is the support provided by volunteer program preceptors. The DAO would not be possible without the assistance and dedication of our preceptors.

Preceptor Requirements

All preceptors must meet the following criteria:
- Baccalaureate degree, preferably in medical imaging/therapeutic science or other healthcare-related field
- Current Certification and in good standing (i.e., ARRT, ARDMS, CNMT)
- Supervisor/Educator experience

Preceptor Responsibilities to the Student and Program

Throughout the student’s enrollment in the DAO, the Preceptor may be called upon to:
- Proctor (or arrange for proctoring of) quizzes and/or exams at a mutually agreeable time and location for the preceptor and the student.
- Provide requested documentation of competency and/or proficiency of the student’s technical performance.
- Provide verbal and/or written feedback evaluating a presentation or demonstration given by the student.
- Allow the student to study clinical cases, make digital copies of images, and consult supervising technologists, managers, or physicians while maintaining patient confidentiality in accordance with the employer’s policies and procedures.
- Allow the student to conduct informal group discussions, survey staff, and/or initiate a quality improvement project.
- Inform the Program of any significant problems that develop which require faculty attention, knowledge, or consultation.

Student Responsibilities to the Preceptor

Throughout the student’s enrollment in the DAO, the student will:
- Provide program advisors with the Preceptor’s contact information when applicable.
- Notify Preceptor of any course activities that require their participation at the start of each semester enrolled.
- Initiate scheduling and coordination of activities at a mutually agreeable time and location for the preceptor and the student.

Program Responsibilities to the Preceptor

Throughout the student’s enrollment in the DAO, the Program will:
- Provide the Preceptor with appropriate evaluation forms and instructions for their completion when applicable.
- Coordinate with the Preceptor for delivery of testing materials and provide instructions for quizzes and exams that require proctoring.
Preceptor/Proctor Agreement Form

I hereby agree to serve as a Preceptor for the applicant listed below during their enrollment in the Bachelor of Science in Medical Imaging and Therapeutic Sciences (BSMITS) Degree Advancement Option (DAO) at the University of Nebraska Medical Center.

I agree to perform the following services on an “as needed” basis when sufficiently notified by the student or Program faculty and staff:

- Proctor (or arrange for proctoring of) quizzes and/or exams at a mutually agreeable time and location for the preceptor and the student.
- Provide verbal and/or written feedback evaluating a presentation or demonstration given by the student.
- Allow the student to study clinical cases, make digital copies of images, and consult supervising technologists, managers, or physicians while maintaining patient confidentiality in accordance with the employer’s policies and procedures.
- Allow the student to conduct informal group discussions, survey staff, and/or initiate a quality improvement project.
- Inform the Program of any significant problems that develop which require faculty attention, knowledge, or consultation.

I verify that I meet the Preceptor requirements. I agree to provide a resume or CV and my contact information below for use by the student and the Program faculty and staff.

NAME of Student: ____________________________

PRECEPTOR INFORMATION

NAME: ______________________________________

Signature ____________________________________ Date __________

Typed or Printed (with credentials)

TITLE: _______________________________________

PLACE of EMPLOYMENT: _______________________

WORK ADDRESS: _______________________________

City: ____________________________ State: ________ Zip: __________

WORK PHONE: ________________________________ (Include area code and extensions if applicable)

WORK EMAIL: ________________________________

Do you have recent experience as a supervisor/educator? □ Yes □ No

What is your highest degree completed? ________________________________

Please provide all requested information on this form, and return it and a copy of your current resume to the student for return with their application.

For office use only – Preceptor Approved

Date: __/__/____ Program Official: ___________________