



Preceptor Supervision Plan

Preceptor Name	
Student Name	
Date Assessment Complete	
Effective Date of Supervision Plan	

Activities authorized for supervision

Status	Tasks	Notes
Assigned	Student has been assigned task	Describe the assigned tasks that the student can perform
Develop	Student is developing skill and will be reassessed	Describe the skills to develop
Preceptor must introduce student and obtain patient informed consent to receive student-performed activities, including how the patient withdraws consent. See Preceptorship Program Guidelines for details.		
Activities for tasks completed under direct supervision		
	Order/obtain diagnostic imaging (if necessary)	
	Formulate a diagnosis (Must be confirmed by preceptor)	
	Develop or change a treatment plan (Must be confirmed by preceptor)	
	Obtain informed consent to treatment	
	Perform cervical adjustment/manipulation	
	Perform thoracic adjustment/manipulation	
	Perform lumbar/sacroiliac adjustment/ manipulation	
	Perform extremity adjustment/manipulation	
Level of supervision determined by preceptor, ranging from direct to indirect		
	Obtain consent for student-provided services*	
	Obtain information for patient entry	
	Administer and interpret outcome measures	
	Elicit specific case history	
	Perform an examination (List examinations student may perform)	
	Communicate a diagnosis and treatment plan to the patient (that was confirmed by preceptor)	
	Document performance in patient health record	
	Communicate and provide health education (Condition based education and lifestyle education)	
	Perform listed therapies (US, Laser, Electrotherapy, Soft Tissue therapy)	



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Preceptor goals

Based on assessment, establish specific competencies, tasks or skills that the student needs to improve and the support the preceptor will provide. This may lead to a change in tasks assigned in an updated supervision plan.

Competencies, tasks or skills for the student to improve	Actions the preceptor will take to support improvement

Student goals

Based on assessment, establish specific goals or tasks the student needs to improve and determine the actions that the student will take to make those improvements.

Competencies, tasks or skills for the student to improve	Actions the student will take to meet goals

Declaration

By signing below, the student and preceptor agree that the supervision plan was presented reviewed the plan. The student understands the preceptor's assignments and expectations until a revised supervision plan is provided.

Preceptor Signature

Date

Student Signature

Date

The student and preceptor must both retain a copy of the signed preceptor supervision plan.

A copy of all assessments and supervision plans must be provided to CCOA at the end of the preceptorship.