**Nursing/Med Office Asst Preceptorship Program**

**Intern Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Department/Rotation** | **Hours/Completion** | **Comments/Grades** |
| **Front Office Dept** | 40hrs | **Productivity**  **Comprehension**  **Discipline**  **Reliability** |
| Customer Service Dept | 40HRS | **Productivity**  **Patient Satisfaction**  **Reliability** |
| **Ob/Gyn Rotation** |  | **Comprehension**  **Clinical Performance**  **Reliability** |
| Internal Medicine/Pediatrics Rotation |  | **Comprehension**  **Clinical Performance**  **Reliability** |
| Optional Rotation | 10hrs |  |
| Specialty Rotation  Dermatology/Neurology/Orthopedics |  | **Comprehension**  **Clinical Performance**  **Reliability** |
| **Billing Dept** | **40hrs** | **Coding Compliance**  **Productivity**  **Reliability** |
| Q/A and Provider Relations Dept | 40hrs | **Productivity**  **Comprehension**  **Discipline**  **Reliability** |
| **Total Hours/Grade** |  |  |

**Preceptor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**