

Preceptorship Letter of Intent (LOI)

[Practice Letterhead – if available] Otherwise include name of practice, address and contact information here

**Letter of Intent to Precept a Dental Therapy Student
[Date]**

Dear dæx^wǰayəbus-Dental Therapy Program Director,

This letter serves as a formal Letter of Intent to confirm that **[Supervising Dentist's Full Name, DDS/DMD]**, and **[Dental/Medical Director's Full Name, Title]** of **[Name of Dental or Medical Practice/Institution]**, intend to provide a preceptorship opportunity for **[Student's Full Name]**, a dental therapy student enrolled in **[Name of Institution or Program]**.

We acknowledge and support the educational requirements of the dental therapy program and commit to mentoring the student through a structured preceptorship lasting **at least 10 weeks and totaling a minimum of 400 clinical hours**. During this period, the student will have the opportunity to provide patient care under **direct supervision**, in accordance with their level of training and within the **scope of practice for a dental therapist within the educational institution** accreditation guidelines.

The Supervising Dentist will be responsible for:

- Providing direct supervision and oversight of the student during clinical care.
- Ensuring that the student practices only within the scope they have been educated and deemed competent.
- Offering regular feedback and mentorship to support the student's professional development.
- Communicating with the dental therapy program as needed regarding the student's progress and performance but no less than three required check-ins during the length of the preceptorship experience. Confirmation of students' clinical experiences through SVC's online electronic tracking system is required.
- The Dental/Medical Director confirms that the practice has the capacity and willingness to support this preceptorship experience and is committed to fostering an environment conducive to clinical learning and patient safety.

- The practice understands that at least one supervising dentist in the practice must attend an in-person calibration at Skagit Valley College lasting two days (offered annually in the Spring) before the preceptorship begins. Dentists are provided with 16 CEU's for the training.

We look forward to working with [Student's Full Name] and supporting their journey toward becoming a qualified dental therapist.

Sincerely,

Supervising Dentist (if identified)

Signature: _____

Printed Name: _____

License Number: _____

Date: _____

Dental/Medical Director

Signature: _____

Printed Name: _____

Title: _____

Date: _____