

Preceptorship Acknowledgment and Student Agreement

I, _____ (Student Name), hereby acknowledge, understand, and agree to the following terms and conditions governing my participation in the preceptorship component of the program.

I acknowledge that my proposed preceptorship site and supervising dentist shall be subject to formal review and approval by the program, and that participation in any preceptorship activities is strictly prohibited until such approval is granted in writing by the program.

I understand that, upon program approval of the preceptorship site, the program will initiate the execution of a Clinical Affiliation Agreement between the approved site and the College. I acknowledge that approval of a site does not guarantee execution of such agreement and that delays or failure to execute the agreement may affect my program progression.

I acknowledge that a minimum of one (1) supervising dentist from the approved preceptorship site must be formally designated and is required to attend mandatory preceptorship calibration training, which is conducted during Quarter 4 (Spring) of Year One of the training program. Failure of the supervising dentist to attend calibration training shall render the site ineligible.

I understand and agree that any modification, substitution, or change to the approved preceptorship site or supervising dentist after completion of calibration training in Year One is subject to program approval and may result in delayed program completion and/or delayed graduation, at the sole discretion of the program. If a new supervising dentist is assigned, they must go through calibration training before a student would be permitted to start their preceptorship experience.

I acknowledge that it is my sole responsibility to identify, secure, and obtain program approval for a suitable preceptorship site and supervising dentist prior to Year One calibration training. Failure to do so may result in the program assigning a preceptorship site to me, if one is available, without guarantee of location preference.

I understand and accept that an assigned preceptorship site may require temporary or extended relocation to a distant geographic location for the period necessary to complete preceptorship requirements. I acknowledge that all costs, logistics, and personal arrangements associated with such relocation are my sole responsibility.

I acknowledge that failure to comply with the terms of this agreement may result in delayed clinical placement, delayed graduation, or other academic consequences as determined by the program.

By signing below, I certify that I have read this agreement in its entirety, fully understand its terms, and voluntarily agree to be bound by all conditions stated herein.

Student Signature: _____

Printed Name: _____

Date: _____

Program Representative Signature: _____

Printed Name & Title: _____

Date: _____