CARTA PRECEPTORSHIP HOURS FORM

Name: **Registration#:**

Continuing Competency Recording Form – Section 4 **Preceptor-ship Hours** (12 hours involvement = 1 hour continuing competency hour*) ***Maximum of 12 continuing competency preceptor-ship hours claimed per auditing year**	
Date:	Preceptoring Site:
Student Name:	RT Shift Worked:
Student Name:	Student Shift:
Area Preceptored:	Contact Person:
Clinical hours with Student:	Cont. Comp. Hours:
Summary of Preceptorship (including content):	
Hours:	Total Hours to Date:

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