



## Student Checklist / Report from Preceptor

Student Name: \_\_\_\_\_

Academic Institute: \_\_\_\_\_

Faculty Advisor/Professor: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Observation Site(s): \_\_\_\_\_

**To ensure the quality and safety of a successful NKPHI learning experience, the following is required:**

1. NKPHI online application completed \_\_\_\_\_
2. Required NKHD Training: TB within one (1) year (all students) \_\_\_\_\_  
Blood borne pathogens (nursing students only) \_\_\_\_\_
3. Health requirements met: PPD/TB results within one (1) year (all students) \_\_\_\_\_  
MMR status (nursing students) \_\_\_\_\_  
HBV status (nursing students) \_\_\_\_\_
4. All NKHD orientation documents signed and dated (See Orientation Checklist) \_\_\_\_\_
5. Faculty/advisor-approved Learning Agreement completed (**incl. # of required hours**) \_\_\_\_\_
6. Compliance with NKHD dress code \_\_\_\_\_
7. NKHD Student ID badges visible during learning experience \_\_\_\_\_  
(\*Return NKHD Student Badge to NKPHI at completion of learning experience)
8. Mid- and/or final evaluation of student completed (please send copy to NKPHI) \_\_\_\_\_
9. Student report or poster of project submitted to preceptor (please send copy to NKPHI) \_\_\_\_\_

Date started learning experience: \_\_\_\_\_

Date completed learning experience: \_\_\_\_\_

Number of hours required for learning experience: \_\_\_\_\_ Total hours completed: \_\_\_\_\_

**At the end of the learning experience,** please indicate: "Date completed learning experience," "Total hours completed," sign and date, and send completed forms to: NKPHI, Louise Kent (MVD)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Preceptor's signature

\_\_\_\_\_  
Date signed

**(Preceptor: Please see reverse)**

**To be answered by Preceptor:**

**Briefly describe how the student's contributions/project(s) added value to the services and/or programs of the Northern Kentucky Health Department: (*Bulleted format is preferable.*)**

**Please send all completed documents and checklists to: Louise Kent (MVD)**

**Preceptor: *Thank you* for the important contributions you make in working with students and for the valuable feedback above! Your work with students is very much appreciated.**