



Preceptor Log

Preceptors, please use this form to log your preceptor hosting hours and claim continuing education (CE) credits
It is the sole responsibility of the preceptor to track and maintain an up-to-date preceptor log. Please retain a copy for your personal records and for submission to your regulatory board.

Please submit this form as proof of student engagement after one year from your enrollment into the Preceptorship Program (or one year from the end of the previous period).

Please forward the form to CCNM's Office of Clinical Education. Email: OCE@ccnm.edu FAX: 416-498-3158.

For questions about CCNM's Preceptorship Program, please contact the Office of Clinical Education, at 416-498-1255 ext. 241, or OCE@ccnm.edu

If printed, please print clearly. Add another sheet if necessary.

Date	Name of Student	Preceptor Hours	Patient Contacts
Total			

Name: _____ Professional designation(s): _____

Signature: _____ Date: _____

The named practitioner has been approved by the Canadian College of Naturopathic Medicine to act as a student preceptor. By signing this form, the above named practitioner authenticates the accuracy of the information.

Mitchell Zeifman, BSC, ND
 Associate Dean, Clinical Education