



Thank you for your recent interest in the Pediatric Endocrine Nursing Society (PENS) Preceptor Program. We welcome you to PENS and our Preceptor program. The program was developed by the education committee and sponsored through a generous educational grant from Genentech, Inc.

The process is as follows. A health care professional, new to the specialty and performs direct patient care, will be identified via nurse associates, physicians and/or pharmaceutical representatives; the PENS Preceptor Coordinator will be notified. Then he/she would be sent a “welcome” letter, information about PENS and an application for the preceptor program. After the enrollment into PENS and submission of a Preceptee Application, a Preceptee Manual and preceptor notification will be sent. The Preceptee Manual will include a list of the educational materials available; check lists, guidelines, and resources to review. Arrangements can be made for the preceptee to visit the preceptor’s site for 1 to 2 days. That visit will enable the preceptor to orient the preceptee to endocrine nursing care, parent teaching, stimulation testing, service organization, and case management of the endocrine patient and medications. Once the visit is completed the preceptor and preceptee should complete evaluation forms. A follow-up call will be made and potential contact at the next PENS meeting planned.

The member should indicate whether her employer has financial resources to assist the nurse in the site visit. If financial resources are available then that institution should expense the preceptee’s travel and the preceptor’s honorarium (complete Preceptee Expense Agreement Form). The application is reviewed, approved and a copy is sent to one of the preceptors that meet the role and orientation needs of the preceptee.

If interested in expanding your pediatric endocrine experience, please join PENS then complete the preceptee application and send to the PENS Preceptor Coordinator. Upon confirmation of your membership and application, a manual will be sent and a preceptor will contact you.

Please feel free to call with your concerns, comments or ideas.

Thank you.  
Debi Kienstra  
Colleen Weber  
PENS Education Committee  
1204 Lake Canyon View  
Fenton, MO 63026  
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**PEDIATRIC ENDOCRINE NURSING SOCIETY**

**Preceptee Application**

To be completed by Candidate for Preceptee

Please Print or Type

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Email: \_\_\_\_\_ FAX \_\_\_\_\_
2. Credentials: (degrees, certifications)  
\_\_\_\_\_  
AdditionalPreparation \_\_\_\_\_
3. Professional Nursing Experience  
Present position \_\_\_\_\_  
Employer \_\_\_\_\_  
Previous Position(s) \_\_\_\_\_  
\_\_\_\_\_
4. Areas of desired learning (check all that apply)  

___ Clinic Orientation	___ GH	___ Turner Syndrome
___ Research Coordination	___ CAH	___ Precocious Puberty
___ Patient Database	___ Endocrine Assessment	___ Thyroid Disorder
___ Insurance Reimbursement	___ Stim Test Procedure	___ Diabetes Insipidus
___ Diabetes	___ Pediatric	___ Hypopituitarism
___ Other _____		___ Adult
5. Goals of PENS Preceptor Program \_\_\_\_\_  
\_\_\_\_\_
6. Are financial resources available through your institution for travel expenses and the preceptor's honorarium? \_\_\_ no \_\_\_ yes (If yes, then complete of the Preceptee Expense Agreement Form )

If enrolled into the preceptor program, I promise to serve to the best of my ability, comply with HIPAA Guidelines, and complete the program evaluation forms. The cost of visit to preceptor institution (airfare or gas for car, taxi, parking, and hotel x 1-2 nights) will be approved. Reimbursement will be made by PENS treasurer. Applications and evaluations should be sent to

Debi Kienstra or Colleen Weber, PENS Education Committee  
1204 Lake Canyon View, Fenton, MO 63026, Phone: 636-225-4113, Fax: 636-225-4112

[education@pens.org](mailto:education@pens.org)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use:**

Membership verified \_\_\_ Manual Sent \_\_\_ Crt \_\_\_

Preceptor \_\_\_\_\_

Approximate cost of travel \_\_\_\_\_

Hotel costs \_\_\_\_\_

Visit approved? \_\_\_\_\_

Visit Date: \_\_\_\_\_

Status: \_\_\_\_\_

Correspondence: \_\_\_\_\_