



Dear PENS Member,

Thank you for volunteering to become a PENS preceptor. We are very excited about the program and acknowledge your enthusiasm as part of its potential success. The PENS preceptor program is funded by an educational grant from Genentech Inc. We plan on the program process to work as follows:

A nurse new to the specialty will be identified via nurse associates, physicians, and/or pharmaceutical representatives; the PENS education chair will be notified. The new nurse will be sent a “welcome” letter, information about PENS, and an application for the preceptor program.

The nurse can join PENS and send the preceptee application to the Education Committee. The application is reviewed, approved and a copy is sent to one of the regional preceptors. The nurse will be sent a Preceptee Manual, which contains guidelines, checklists, evaluation forms, and pediatric endocrine resource information.

Once acknowledgement for the program is obtained, the preceptor should contact the nurse. Arrangements will be made by the preceptee in collaboration with the preceptor for a visit the preceptor’s site for 1 to 2 days. **Prior to confirmation of arrangements, the new nurse should call or fax the estimate of travel costs for the site visit.**

The visit is then made. This enables the preceptor to orient the nurse 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 will complete an evaluation form, a follow-up call should be made, and potential contact at the next PENS meeting planned.

The preceptee should send the evaluation form, reimbursement form and receipts for travel to the Education Committee and treasurer for reimbursement. The preceptor should send the orientation checklist, preceptor evaluation form, expense form; the treasurer send the honorarium (\$300) to the preceptor.

Attached is the application; you should have your manager complete the Department Director Recommendation Form. Please complete the application and return. Indicate on the application whether you would like to receive the honorarium in a PENS voucher or check (circle). We will send you a Preceptor Manual, which contains the program guidelines and forms, when you are officially recognized as a preceptor.

If you have any questions, concerns or comments please contact us.

Thank you,
Debi Kienstra
Colleen Weber
PENS Education Committee
1204 Lake Canyon View
Fenton, MO 63026
Phone: 636-225-4113
Fax: 636-225-4112
education@pens.org

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**Pediatric Endocrine Nursing Society
Preceptor Application
TO BE COMPLETED BY PRECEPTOR CANDIDATE
(attach Department Manager Recommendation form)**

1. Name _____
Address _____

Phone: Home _____ Work: _____
Email: _____ Fax: _____

2. Credentials (degrees, and certifications) _____

Additional Preparation _____

3. Professional Nursing Experience
Present position _____
Employer _____
Previous Position(s) _____

4. Areas of Expertise (check all that apply)

<input type="checkbox"/> Clinic Orientation	<input type="checkbox"/> GH	<input type="checkbox"/> Hypopituitarism
<input type="checkbox"/> Research Coordination	<input type="checkbox"/> CAH	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Patient Database	<input type="checkbox"/> Endocrine Assessment	<input type="checkbox"/> Diabetes Insipidus
<input type="checkbox"/> Insurance Reimbursement	<input type="checkbox"/> Stim Test Procedure	<input type="checkbox"/> Adult
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Precocious Puberty	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Turner Syndrome	<input type="checkbox"/> Other	

5. Nursing Organization Activities
PENS Activities _____

Other Professional Activities _____

6. Goals of PENS Preceptor Program _____

If appointed as a preceptor, I promise to serve to the best of my ability, comply with HIPAA Guidelines, and complete the program evaluation forms. I agree to contact preceptee, welcome, assist in arrangements for site visit. Once the process is complete, I will receive an honorarium in the amount of \$250. The honorarium will be a check or PENS voucher dispersed by the PENS Treasurer. Complete application and send to PENS Education Committee, c/o: Debi Kienstra, Colleen Weber, 1204 Lake Canyon View, Fenton, MO 63026. Phone #:636-225-4113 Fax#: 636-225-4112 Email: education@pens.org

Signature _____ Date _____

Office Use Only: Membership Verified ___ Manual Sent ___ Crt ___ Comments: _____ Preceptees: _____ _____
