SANP CE Verification Form - CATEGORY D: Preceptorship

Name: _____ **Registration #:** _____

Preceptorships will be awarded 2 hours per day (or 1 hour per half day) of preceptoring.
Multiple days of preceptoring may be submitted as one CE item.

Date/ Time in and out	Name (and signature) of Preceptor	# of Patients	#CE Hours
			2