



Preceptor Guidelines and Application

Sponsored by:
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PURPOSE AND GOALS OF ACVP PRECEPTOR PROGRAM

PURPOSE

The Alliance of Cardiovascular Professionals recognizes the need for licensed practitioners (i.e., CV Techs, and RN's) to obtain Continuing Education Units. ACVP understands the need for additional educational experiences to assist the cardiovascular and/or pulmonary technology practitioner in providing optimal patient care. The Preceptor Program, accredited through Cardiovascular and Pulmonary Continuing Education/BRN Program service is one method of implementing this philosophy by providing program approval for Continuing Education Units. A preceptor plays a vital role in ensuring a successful orientation outcome. The ACVP Preceptor Program is part of our commitment to cardiovascular wellness across the country.

GOALS

1. To provide valuable teaching and learning experience and to role model safe patient care using evidence based practice.
2. To demonstrate clinical expertise and competence to be a role model for safe, quality patient care.
3. To provide constructive feedback and coaching, demonstrate effective communication, interpersonal and conflict management skills to foster interprofessional collaboration and patient satisfaction.
4. To develop and implement learning needs and implement a learning plan.

CONTINUING EDUCATION DEFINED

Equivalencies for all categories

1 contact hour = 0.1 CEU (60 minutes)

1 CEU = 10 contact hours (600 minutes)

1 academic quarter credit = 10.0 contact hours

1 academic semester hour = 15 contact hours

Calculation of CaPCE CEU's includes introduction and evaluation time. Breaks, meals and exhibits are not included in CE calculation. Clinical hours may be converted to contact hours. Three (3) clinical clock hours are equivalent to one (1) contact hour or 0.1 CaPCE CEU.

REQUIREMENTS FOR PRECEPTOR CONTINUING EDUCATION APPROVAL

PROGRAM DESCRIPTION

In clear, concise language, the description of instruction and support should provide a brief synopsis of activities. Description should include overall purpose, relevance to specific target audience, format and instructional methods employed.

PARTICIPANT OBJECTIVES

Participant objectives state what the successful learner will know or be able to do at the end of the instruction. The objective should identify the learner's expected performance, as well as the conditions and criterion of acceptable performance.

SCHEDULE/CONTENT OUTLINE

The schedule indicates the time and sequence of the instruction. Also the schedule should indicate how clinical time is spent and what activities will be included.

BIBLIOGRAPHY/REFERENCE LIST

The program content is to be based on theory and/or research in cardiovascular and/or pulmonary medicine and technology. Current, accurate, and pertinent bibliographies or reference lists assist the learner's further study of the program topic, if available, should be submitted.

PRECEPTORS

The preceptors must be educationally qualified and/or considered an expert in the field of content being presented. All preceptors should provide qualifying documentation, including curriculum vitae for review at time request for continuing education approval. (Expert is defined as a person who has special skill or knowledge in a particular field: trained by practice.)

EVALUATION OF LEARNING: METHODS/TOOLS

Evaluation of students learning measures the achievement of the participant objectives. The method selected (pre-test/post-test, return demonstration, case study, self-assessment questions, concept implementation, etc.) should relate to the intended purpose of the instruction. This should include at least three questions per session. A copy of the evaluation tool should measure if learning has occurred as a result of the instruction provided.

APPLYING FOR ACVP PRECEPTOR PROGRAM APPROVAL

1. Complete an ACVP Preceptor Program Approval Application. The application must be submitted for review at least 30 business days prior to the date of the initial instruction provided by preceptors.
2. Submit one (1) copy of each required document. If requesting that modular programs be awarded separate CEU's (by module, day or class), a separate question/evaluation form for each division is required. Should you require expedited processing, please be sure to submit the fee for expedited attention. Expedited processing ensures a response is provided within 2-4 weeks of submission. All other requests are 4-6 weeks. All information should be submitted together and electronically to peggymcelgunn@comcast.net.
3. Applications must be received at ACVP at least 30 business days prior to the presentation of the program. Programs are not awarded CEU's retroactively.
4. Notification of approval and the number of CEU's to be awarded to preceptors will be sent from the ACVP National Office to the mailing address on the application form. Upon request, scanned program documents may be provided electronically.
5. Approval is granted for one (1) year. Any revisions made in the instruction and support during the year which affects objectives, or contact hours must be submitted in order to have the current program on file. Annual renewals will require a re-application with fees. This will include updates where it applies for time, content and faculty/speaker information.
6. Submit all application materials and the program fee to

ACVP National Office
Continuing Education
PO Box 2007
Midlothian, VA 23113

7. Consultation and information is available by telephone at: 804.632.0078

*Application forms within these Guidelines may be photocopied for use.

ACVP PRECEPTOR FEE STRUCTURE

Individuals

ACVP Member/School Member

Initial Certification (affiliated with <i>member</i> institution/school)	\$0.00
Annual Membership Fee (non-student)	\$45.00*
TOTAL FEES (affiliated with a member institution/school)	\$45.00

ACVP Members/School Nonmember

Initial Certification	\$100.00
Annual Membership Fee	\$45.00*
Total Fees (with Membership)	\$145.00

Nonmembers

Initial Certification	\$150.00
Non Member Fee	\$300.00
Total Fees (without Membership)	\$450.00

*this can be submitted at any time during a 12 month period prior to requesting preceptor continuing education

AWARDING ACVP PRECEPTOR CERTIFICATES

The ACVP Preceptor Certificate is vital to verify any ACVP approved continuing education. The preceptor certificate can only be awarded to program participants who have completed an ACVP approved continuing education activity. Certificates will provide validation for all preceptors who wish to provide evidence of continuing education activities to employers, peers, professional associations, regulatory bodies and the health care consumer. Provider approved by the California Board of Registered Nursing and Cardiovascular & Pulmonary Continuing Education.

**ACVP PRECEPTOR CONTINUING EDUCATION PROGRAM APPROVAL
APPLICATION**

(all submissions must include this form)

General Preceptor Information

Full Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Current Job Title _____

Degrees and Credentials (BS, MS, etc.): _____

State of Licensure _____

License Number _____

Have you completed any preceptor-specific training or continuing education? Yes No

Years of Experience as a Preceptor _____

Specialty:

- Leader/Manager Clinician Student Clinical/Staff Employee

Practice Setting

- Community
 Institutional
 Other

Clinical Site: _____

Number of credit hours requested: _____

Name

Signature

Please forward application:

ACVP-CaPCE Application
P.O. Box 2007
Midlothian, VA 23113
Fax: 804.639.9212

(For Office Use Only)

Date Received _____ Complete: Yes No

School Member Yes No Individual Member: Yes No

Check No _____ Amount: \$ _____

Returned for Further Info: _____ Date Returned: _____

Preceptor Clinical Log

This log must be filled out complete by each instructor supporting students. One log per instructor

Accredited Provider (School): _____

Address: _____

City: _____ State: _____ Zip: _____

Clinical site (hospital/institution): _____

Address: _____

City: _____ State: _____ Zip: _____

Your Name (Instructor): _____

Email Address: _____

Your Credentials: _____

Program Director Name: _____

Program Director Email: _____

Semester: _____

	Date of Instruction	Time Spent Instructing (in minutes)	Topic of Instruction	Student Signature (each line must be signed by the student)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Preceptor Statement of Understanding

By signing below, I certify that the clinical log and any information I submit has been completed accurately to the best of my knowledge.

Signature

Date

NOTE: Applications received without a signature may incur a delay in processing, which may cause a delay in the review and acquisition of continuing education.

Please return pages 7, 8 and 9 to:

ACVP Preceptor Continuing Education
PO Box 2007
Midlothian, VA 23113

Or fax: 804.639.9213
or email: peggymcelgunn@comcast.net

For questions, please call 804.639.9213