

OU-COM Global Health Programs

Preceptor Agreement Form

The International Program staff expects that all preceptors will:

- **Complete all pre-departure paperwork** as specified in the program checklist, including the volunteer faculty form.
- **Carry malpractice insurance.** The Ohio University College of Osteopathic Medicine insurance policy does not cover Global Health Program preceptors. Please check with your policy carrier for international coverage.
- **Behave in a professional manner.** This includes while you are supervising students in the clinic as well as non-clinic activities. Preceptors are expected to follow program staff guidelines (including, but not limited to, prohibitions against initiating an intimate relationship with students, encouraging students to challenge program staff, advising students to participate in unauthorized activities). Preceptors must behave according to the [faculty handbook](#).
- **Travel with the group.** You are to remain with the students and in designated program site for the duration of the trip.
- **Supervise 3-5 medical students.** You must be available for all clinics (excepting illness and unforeseen circumstances). If there are enough preceptors to ensure no more than 5 students per preceptor, a rotation permitting time off is acceptable if approved by the program clinical director. You are also expected to rotate with other preceptors providing supervision during non-clinic time, such as side trips or excursions.
- **Write student evaluations.** Students are required to turn in evaluation forms completed by their preceptors at the end of each rotation. You will be expected to accurately evaluate any students you supervise.
- **Set up a phone interview with the Clinical Director.** Residents are required to set up a phone interview with the clinical director.

I understand that by accepting a seat as a preceptor in the OU-COM Global Health Programs, I agree to meet the expectations listed above. I understand that serious breaches of this agreement may result in dismissal from OU-COM Global Health Programs and loss of Ohio University financial support for the trip.

I accept the seat offered to me in the OU-COM Global Health Programs.

Signature

Date

Name (please print clearly)