



Physician Preceptor Statement of Responsibility

Norman Regional Health System

Medical, Intermediate Care, Observer, Etc.

Student/Observer Name: _____ Phone Number: _____

School Name: _____

Dates Requested: _____ Location: _____

This individual will be under my direct supervision during their Rotation or observation at Norman Regional Health System, and I will be responsible for their performance. I will also be responsible for introducing them to and obtaining permission from all patients prior to their observation or procedures.

REQUIREMENTS: The rotation student or observer must have submitted all required documents, and they must be approved, prior to being scheduled on-site. This process is managed by the GME office. The rotation student or observer will be supervised at all times. All hands-on or procedural participation will be directly supervised by me. The patient always has the option to not have the student or observer in the room. The student or observer will observe only with the listed physician. Student rotation or observation is a privilege that can be revoked at any time. The student or observer must wear the issued NRHS ID nametag at all times while on any NRHS property in the student or observation capacity. The badge will be returned to the GME department on or before the date of expiration.

Students rotating or observing who wish to observe in the operating room may do so if their documentation is complete and approved by the GME office, permission is received and documented from the surgeon, the attending (if different), and the patient. Hospital orientation and surgical orientation must also be completed prior to the student or observer being on-site.

_____	_____	_____
Student/Observer Name (Print)	Student/Observer Signature	Date
_____	_____	_____
Preceptor Name (Print)	Preceptor Signature	Date
_____	_____	
Preceptor Phone Number	Preceptor E-Mail	