
Document Verification Form 205a to be filled out by Preceptor

Applicant's Name: _____ Last four digits of Social Security #: _____

I, _____, a preceptor of
_____, (applicant's name) do hereby verify
that he/she has developed and that he/she utilizes in his/her practice the following documents:

- Practice Guidelines;
- Emergency Care Form;
- Informed Disclosure (given at initiation of care); and
- Informed Consent documents (used for shared decision making during care).

By checking this box, I affirm that I am a current NARM Registered Preceptor.

Preceptors for International Births (for births prior to June 1, 2014):

- I have received approval to serve as a preceptor (for skills and clinicals received in out of country sites **only**) from the NARM Board and am including a copy of the letter.

Print Preceptor's name

Preceptor's signature

Date

Subscribed and sworn to before me this _____ day, of the month of _____
in the year _____.

Notary Seal

(Notary Signature)

My Commission Expires: _____