In the absence of a Preceptorship manual, an internship program guideline should be developed.

**TITLE of Program**

I. One paragraph narrative description of your program. Please also provide (if available) syllabus, curriculum, handbook, or other program materials with detailed expectations for students, preceptors, etc.

II. Orientation provided as part of this program. (This may be scheduled orientation programs or individualized orientation by coordinator or preceptor/mentor).

III. Specific responsibilities of school (if any) beyond those stated in Affiliation Agreement

IV. Specific responsibilities of HMC/COM (if any) beyond those stated in Affiliation Agreement

V. Any additional forms or requirements
   - Infectious Disease Summary
   - Confidentiality
   - Insurance Waiver
   - Dress Code

VI. Any financial arrangements

VII. How this program will be evaluated and by whom.

Please initial and date this Attachment:

PSCOM Program Coordinator: _________________
PSCOM Department Chair: _________________
PSCOM Department Administrator: _________________
School Representative: _________________