

The purpose of this form is to assure that learners requesting independent access to equipment and trainers have developed basic skills such that the learner can autocorrect when practicing without a preceptor and not develop or reinforce habits that may have a negative impact on patient care. (*An example of a negative practice effect would be a student practicing endotracheal intubation such that he/she is able to intubate a simulated trachea but levers the laryngoscope blade on the trainer's teeth to do so.*)

I _____(preceptor's name) certify that _____(name of learner) has received sufficient instruction and developed basic skills such that independent practice of _____(skill or task) without a preceptor present is likely to result in improved skills rather than skills which could negatively impact patient care.

_____ Preceptor Name
_____ Date