

Preceptor Agreement (International)

To set up an observership for an **invited guest**, Swedish Graduate Medical Education requires a minimum lead-time of six (6) full months from the date of submission of this Agreement to a proposed observership start date. Please factor in this minimum lead-time when deciding on the first date of an observership.

This Preceptor Agreement can take the place of a formal invitation from the Preceptor.

The Preceptor agrees to the following:

- To conduct an orientation, including expectations in HIPAA and universal precautions.
- To provide direct supervision for the Observer when in the Swedish clinical environment.
- To introduce the Observer and obtain patient consent to have the Observer present.
- To guide the Observership experience to meet the agreed upon objectives of the observer

Date(s) or Range of Dates: _____

Times for Observing, if determined or known: _____

Main Campus/Location: _____

Please DO NOT enter "To Be Determined" or "TBD" for date(s). At minimum, please determine the dates when completing this agreement. The Observership request will not be processed without any date.

The onsite/location contact person for the Observership location:

Name (please print legibly): _____

Email (please print legibly): _____

Phone: _____

I have read the Observer Policy and Procedures, reviewed this application, and I approve of this Observership. I also agree to provide supervision of the observer at all times when in Swedish Medical facilities. I understand that I am solely responsible and liable for my observer.

Preceptor (please print legibly)

Signature

Date

The Observer acknowledges the following:

- I will not receive any academic credit from the sponsoring institution for this experience.
- I will accompany a medical staff member on duty and observe.
- I will am not allowed independent, direct patient contact.
- I will leave any patient area in which a patient does not consent to my being present.
- I will not allowed independent access to patient information.
- I will comply with all of Swedish Medical Center or Swedish Medical Group policies and procedures, including patient confidentiality and applicable provisions of federal, state and local law, including the Health Insurance Portability and Accountability Act (HIPAA).
- I understand that the sponsoring institution may, at its sole discretion, terminate this experience at any time.

Applicant Name (please print legibly): _____

Applicant Email (please print legibly): _____

Applicant Signature: _____ Date: _____

Submit a copy of completed **Preceptor Agreement** to GMEOnboarding@swedish.org