

American Academy for Preceptor Advancement AAPA CERTIFICATION FEES AND APPLICATION

This is the **Level 2 Preceptor – Blue** certification from the American Academy for Preceptor Advancement (hereafter referred to as “AAPA”). Please review the criteria the *Preceptor Certification Portfolio Handbook* (<http://preceptoracademy.com/Certifications.aspx>) determine if you meet AAPA Preceptor Certification Portfolio requirements before proceeding. You may begin this process at any time. Your certificate will be issued after you have successfully met all criteria and provided all required information.

See the AAPA website at <http://www.preceptoracademy.com/> for the **Preceptor Certification Portfolio Handbook** for more details on the following:

- How long is a term of certification?
- How much does it cost?
- How are portfolios developed?
- How are portfolios assessed?
- Maintaining your contact information
- Renewing your certification
- Denial, suspension, and revocation of certification



AAPA PRECEPTOR CERTIFICATION APPLICATION

PRECEPTOR CERTIFICATION PORTFOLIO			
General information			
Use your LEGAL name on the application. This name will be printed on your certificate. If your name has changed (e.g., since becoming a member of AAPA), please notify AAPA immediately so a new certificate in your name may be issued.			
Last name	First name	MI	
Maiden or other past legal names		Social security number	
Home address			
City	State	Zip/Postal	County
Home phone	Home fax	Personal email	
Employer name			
Employer address			
City	State	Zip/Postal	County
Work phone	Work fax	Work email	



Mailing list refusal

AAPA may release mailing lists from its certification database to organizations or individuals who have information to distribute that would be beneficial to credentialing research. If you do not wish your name and mailing address to be released for marketing purposes, please mark the **DECLINE** option below.

I do **NOT** wish my name and mailing address to be released for any marketing purposes.

VOLUNTARY demographic information

Note: Providing the following information is **STRICTLY VOLUNTARY**. It will be used for statistical purposes only. If you prefer NOT to answer, please skip this section.

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race/ethnic group:	<input type="checkbox"/> Hispanic/Latin-American
Date of birth (month/date/year)	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native Hawaiian
	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Other:

Type of primary position

<input type="checkbox"/> Leader/manager	<input type="checkbox"/> Educator	<input type="checkbox"/> Clinical/staff employee
<input type="checkbox"/> Clinician	<input type="checkbox"/> Staff development specialist	<input type="checkbox"/> Consultant
<input type="checkbox"/> Administrator	<input type="checkbox"/> Researcher	<input type="checkbox"/> Other:

Education (check all that apply)

<input type="checkbox"/> Not applicable	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Doctoral degree
<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor/Baccalaureate degree	<input type="checkbox"/> Advanced degree in education:
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Other:

Demographic and employment information

<p>1. Location of facility</p> <p><input type="checkbox"/> Urban</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p> <p><input type="checkbox"/> Outside the U.S.</p> <p>2. Size of facility (total number of employees)</p> <p><input type="checkbox"/> 1-50</p> <p><input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 101-250</p> <p><input type="checkbox"/> 251-500</p> <p><input type="checkbox"/> ≥500</p> <p>3. Will you receive a monetary reward or compensation from your employer for certification?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes:</p> <p>\$ _____ per hour</p> <p>\$ _____ per year</p> <p>\$ _____ one time</p>	<p>4. Primary place of healthcare employment (check one):</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Home health</p> <p><input type="checkbox"/> Managed care</p> <p><input type="checkbox"/> Physician/ Nurse-managed group practice</p> <p><input type="checkbox"/> Private practice</p> <p><input type="checkbox"/> Long-term care</p> <p><input type="checkbox"/> Occupational health/ environmental health</p> <p><input type="checkbox"/> Administration</p> <p><input type="checkbox"/> Public health/ community health</p> <p><input type="checkbox"/> School health</p> <p><input type="checkbox"/> University/college</p> <p><input type="checkbox"/> Federal/military</p> <p><input type="checkbox"/> Other: _____</p> <p>5. Years of experience as a Preceptor (round to nearest whole year): _____</p> <p>6. Average number of individuals you precept annually: _____</p>	<p>7. Is certification part of your employer's job performance/ clinical ladder rating criteria?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>8. Average number of work hours dedicated to precepting per week:</p> <p><input type="checkbox"/> ≤8 hours</p> <p><input type="checkbox"/> 9-20 hours</p> <p><input type="checkbox"/> 21-32 hours</p> <p><input type="checkbox"/> 33-40 hours</p> <p><input type="checkbox"/> ≥40 hours</p> <p>9. Average number of preceptorships per year at your primary place of employment:</p> <p><input type="checkbox"/> ≤1-5</p> <p><input type="checkbox"/> 6-10</p> <p><input type="checkbox"/> 11-15</p> <p><input type="checkbox"/> 16-20</p> <p><input type="checkbox"/> ≥20</p>
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Certification portfolio type

- **Level 2 - Blue:** Complete all of the following Workforce Development activities:
 - 60 continuing education in academic and/or training contact hours
 - 25 teaching: presentations/in-services hours
 - At least one (1) of four (4) publication options
 - 360 preceptoring practice hours (include actual hours of preceptoring and preparation)
 - At least one (1) year of continuous community or professional service in each certification cycle (each certification cycle is 3 years)

- AAPA Member**
- Initial Certification**
- Renewal**

Notes:

Training/education information (check all that apply)

REQUIRED DOCUMENTATION: Describe training or courses for every program checked below as verification of your successful completion:

Hospital-based program:

Vendor program:

Academic program:

Continuing education program:

Residency or Internship:

Other:



STATEMENT OF UNDERSTANDING

I hereby apply to receive my preceptor certification by the American Academy for Preceptor Advancement (AAPA). I have read the eligibility criteria for certification. I understand that I am subject to all program requirements for certification as described in this application and in the ***Preceptor Certification Portfolio Handbook*** and that my certification depends on successfully completing specified program requirements. If I am certified, my name will be included in the official listing of certified preceptors and that notification may be given by AAPA to requesting authorities or other third parties.

- I authorize AAPA staff to make whatever inquiries and investigations that they, in their sole discretion, deem necessary to verify any information included in, submitted with, or necessary for review of this application.
- I expressly acknowledge and agree that information accumulated by AAPA through the certification process may be used for statistical, research, and evaluation purposes and that AAPA may enter into agreements to release anonymous and aggregate data to schools or external researchers. Otherwise, subject to the mailing list authorization, all information will be kept confidential and shall not be used for any other purposes without my permission.
- I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature, that I will continue my learning and work activities as a Preceptor throughout the entire certification period, including all renewal periods. I understand that any misstatement of material fact submitted on, with, or in furtherance of this application for certification shall be sufficient cause for AAPA to withhold or deny this or other AAPA certifications.
- I understand that my Preceptor Certification Portfolio documentation will be required to support the information in my application. I further understand that, if I fail to submit supporting documentation, AAPA can withhold or revoke this or other AAPA certifications.

(Note: Applications received without a signature may incur a delay in processing, which may cause a delay in the review of your application.)

Print name, credentials

Date (Month day, year)

Required signature

Email address



CATEGORIES: TIME EQUIVALENCIES FOR PORTFOLIO ACTIVITIES

Equivalencies for all categories

- 1 contact hour = 0.1 CE (60 minutes)
- 1 CEU = 10 contact hours (600 minutes)
- 1 clock hour = 60 minutes
- 1 CNE or CME = 1 contact hour (60 minutes)
- 1 academic quarter credit = 12.5 contact hours
- 1 academic semester hour = 15 contact hours
- 1 practice hour = 60 minutes

Category 1. EDUCATION. Academic and Continuing Education Hours

Complete 60 contact hours **Level 2 – Blue** of continuing education in academic or training courses or programs (see **Equivalencies** above for calculating your hours). List in-services, academic credits, CNE or CME credits, independent study approved for continuing education in academic and/or training contact hours, and other continuing education related to the Preceptor specialty. If any course or program title does not clearly reflect its relevance to your Preceptor practice, include a brief description of how the course or program relates to your Preceptor certification.

Title and Description (Include brief description of content if title is generic):	Date mm/dd/yy	Name of provider or institution	Specialty focus: Y/N	# Contact hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total hours				



Category 2. PRESENTATIONS. Teaching Activities and In-Services

Giving presentations and in-services is about giving, about sharing your knowledge, skills, and abilities as you continue to grow and develop as a Preceptor.

Present a variety of lectures, presentations, and in-services related to your Preceptor specialty that total the number of clock hours listed for your level of certification: **Level 2 – Blue** **25 clock hours**

Include the type of presentation (lecture, in-service, etc.), the title, subject, and a brief description of the content for each entry. *Do not include time you used for preparation* of your presentation, lecture, or in-service. Only enter a presentation or in-service once, regardless of how often it is given during your certification period. However, if you update your presentation or in-service and add new content, change the title to reflect this and then report the activity as a new program, which can then be entered as a separate presentation.

For each reported activity, provide the following:

- Type, subject, title and description (must be related to your Preceptor specialty and reflect its relevance to your Preceptor practice, *include a brief description of how the course or program relates to your Preceptor certification*)
- Date course completed
- Name of sponsor, provider, or institution providing the presentation or in-service
- Audience (include participants and size of audience, *e.g.*, nurses, physicians, social services, executives, administrative staff, ancillary staff, or a combination of participants)
- Number of clock hours completed

Type, Subject, Title and Description (must be related to your Preceptor specialty)	Date	Name of provider or institution	Audience	# Clock hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Total hours				



Category 3. PUBLICATIONS

Complete **at least one (1)** of the four (4) options listed below. Please indicate which of the options you have chosen.

Option 1. One (1) article published in a peer-reviewed journal or a book chapter; you must be the author, co-author, editor, co-editor, or a peer reviewer

Option 2. Three (3) different articles published in a non-peer-reviewed journal, newsletter or blog

Option 3. Primary author of content used in e-learning, blogs or other such media

Option 4. Primary author of content related to your Preceptor specialty practice used in an evidence-based practice guideline, presentation, or poster

Provide the following information for the option(s) you select:

- Option # (related to applicant level of certification/recertification)
- Subject/title and description of publication (must be related to your Preceptor specialty) with reference (author, date, publisher)
- Date of publication
- Name of publication, provider, or institution

Option #	Subject/Title and Description with citation if published (article, book, newsletter, blog)	Date	Name of publication, provider or institution



Category 4. PRECEPTORSHIPS

Complete a minimum of hours of direct precepting supervision of preceptees (*e.g.*, students, new graduates, new or transitioning role employees) in your Preceptor specialty listed for your certification application for: **Level 2 – Blue 360 clock hours**

For your certification documentation, you must formally precept those in same or similar responsibilities and accountabilities, *e.g.*, Advanced practice nurses must precept advanced practice nurses (CNS or NP); physicians and pharmacists must precept physicians and pharmacists; educators must precept educators; and, those in leadership must precept managers and leaders to successfully meet this criterion. **REQUIRED DOCUMENTATION: One copy of a Preceptorship Documentation Form (Appendix A) for each Preceptorship Program you reference in your documentation. Submit these forms and your application ONLY. Do NOT attach any artifacts when submitting this application. Keep original Documentation Forms with your portfolio.**

- Location of preceptorship, work or school
- Type of preceptee (*i.e.*, student, new staff member/employee, new graduate)
- Dates of preceptorships (from/to)
- Name of person confirming information on Preceptorship Document Form
- Number of clock hours completed

Preceptorship school or institution	Type of preceptee (<i>i.e.</i> , student, new staff member, new graduate)	Dates of preceptorship: From/To	Name of person confirming information on Preceptorship Doc Form	# Clock hours completed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total hours				



Category 5. SERVICE. Community, Practice, and Professional Services

Complete an appointment of one continuous year (**Level 2 Preceptor – Blue**) of service on a committee, shared governance council, project team, unit council or committee, *etc.*, in your organization or community or with a local, national, or international healthcare-related organization during your Preceptor certification period.

Accepted volunteer activities include serving on boards of directors, committees, councils, editorial boards, review boards, task forces, and workgroups in your organization or community.

Provide the following for the option(s) you select:

- Organization
- Type and description of service
- Dates of service

Organization	Type and description of service	Dates of service
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		



APPENDIX A. Certification Application: PRECEPTORSHIP DOCUMENTATION

Instructions: Category 4 Preceptorships

Complete a minimum of hours of direct precepting supervision of preceptees (*e.g.*, students, new graduates, new or transitioning role employees) in your Preceptor specialty listed for your certification application for: **Level 2 Preceptor – Blue: 360 clock hours**

Advanced practice nurses must preceptor advanced practice nurses (CNS or NP); physicians and pharmacists must precept physicians and pharmacists; educators must precept educators; and, those in leadership must precept managers and leaders to successfully meet this criterion.

REQUIRED DOCUMENTATION: Preceptorship Documentation Form (Appendix A)

SECTION 1. Applicant/candidate information (completed by the Preceptor applicant/candidate)

Last name First name MI

SECTION 2. (completed by individual coordinating/managing/providing oversight the preceptorship)

1. The individual named above has completed _____ hours of precepting for

Name of the institution and program (*e.g.*, University Medical Center, Pharmacy Internship)

2. The dates for the preceptorship were _____ to _____

3. This preceptorship was conducted with preceptees (students, new graduates, employees) in a:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Academic education program | <input type="checkbox"/> New employee orientation | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Continuing education program | <input type="checkbox"/> Transition into a new role or position | <input type="checkbox"/> Residency |

4. The specialty area or focus of this preceptorship was: _____

5. The preceptorship was held in:

Name (hospital/institution/facility/school)

Address of organization

Program name:

I hereby attest that the information provided on this form is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in denial of certification.

COORDINATOR: Print name, credentials, and title

Date (Month day, year)

Required signature

Email address

Please return this form to the applicant (initial application) or candidate (renewal).

