Continuing Surgical Education Program

PRECEPTOR PROGRAM

PRECEPTOR ASSESSMENT OF COMPETENCE.

Date

To: Dr. Site Head Surname

Re: Entrustable Professional Activity for Dr.

Dear Dr. Site Head Surname

I have been a preceptor for Dr. Learner Surname, who has been seeking new surgical skills in the following procedure: procedure name.

I most recently operated with Dr. Learner Surname, on Date, and at that time noted that they have adequate proficiency and independence with this procedure for it to be an Entrusted Professional Activity.

Sincerely,

Preceptor Signature Block