Continuing Surgical Education Program

PRECEPTOR PROGRAM

PRECEPTOR REQUEST FORM.

Date

To: Dr. Site Head Surname

Re: Request for preceptors and participation in CSEP.

Dear Dr. Site Head Surname

I am requesting participation in the CSEP and access to preceptors to develop new surgical skills.

Name of Learner Surgeon:

Primary Surgical Site:

Procedure for which you are seeking mentorship:

**Please provide details of your prior knowledge base**

Have you taken prior CME courses taken related to this procedure? (provide list or summary):

Have you received other training pertinent to this procedure? (fellowship, externship):

Do you presently perform a similar procedure? (briefly describe the scope of your practice with this procedure):

How many patients do you see annually who will benefit from this procedure?

Sincerely,

Preceptor Signature Block

Submit the completed form **with supporting documentation** to your Site Head and the CSEP Administrator (geoffcundiff@ubc.ca ) by email.