**<Name of your program goes here>**

**Preceptor and Supervised Practice Site Roster**

**(Standard 5, Required Element 5.1 and Standard 6, Required Element 6.1)**

**Instructions:** Complete the table with the program’s preceptors and facility names for actively used rotations to demonstrate compliance with Standard 5, Required Element 5.1 and Standard 6, Required Element 6.1. Include the preceptor’s name and credentials, facility name and the corresponding rotation.

|  |  |  |
| --- | --- | --- |
| **Preceptor Name and Credentials** | **Facility** | **Rotation Name** |
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