

Allied Health Preceptor Workshop



Audience : CNA's, HUC's, Lab/OR Tech's, CVT's, CMT's
Speakers: Linda A. Browne MSN, RN & Ginger Ballou, MSN, RN

- Objectives:**
- List major differences between the preceptor role and the preceptee role.
 - Discuss positive communication techniques utilized in the preceptor role.
 - Describe appropriate methods for the preceptor to use when assessing learning needs and providing feedback.
 - Discuss the evaluation process as it pertains to the preceptor role.
 - Identify tips and tools preceptors can utilize to make precepting more effective and successful.

Location: Health First Center for Learning at Rivercrest Plaza

Date/Time: **Please check the box next to the date you wish to attend.**

- April 27th, 2012 8:00 a.m. – 12:00 p.m. or
 September 14th, 2012 8:00 a.m. – 12:00 p.m.

Cost: No cost to Health First associates

Credit: This program has been approved by the Florida State Board for 4.0 contact hours of continuing education for CNA's & 3.75 for HUC's. Provider: Health First Center for Learning, Provider Number NCE 2046.

Confirmation: Available through self-service People Soft HRMS ([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#)) . Please allow 3 business days before confirming your registration.

For more information regarding this course contact Education Coordinator Chelsea Lecuyer at (321) 434-1902, email chelsea.lecuyer@health-first.org or Facilitator Linda A. Browne at (321) 434-1812, email linda.browne@health-first.org

Fax Registration to: 321-254-5151.

Registration: Allied Health Preceptor Workshop Date/Time: April 27th or September 14th, 2012
Registration Deadline: 3 days prior to course date

Name	Profession
Mailing address	License #
City, state, zip	Phone H W
Employment facility/unit	Health First User ID (Required):
E-mail	Registration Fee Included:
*Birth Month _____, Birth Day _____, Last 4 digits _____	*Required for non-associates

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must

OFFICE USE ONLY: NO SHOW FEE \$10.00		
Authorized by: _____	54 CFL – Revenue	050 600002 6400
Date: _____	55 CFL – Sponsorship	050 765830 6400