



WEBER STATE UNIVERSITY CARDIAC SPECIALIST PROGRAM

HEALTH CARE FACILITY AGREEMENT TO PROVIDE CLINICAL PRECEPTORSHIP

Please accept our thanks and appreciation for partnering with the Cardiac Specialist program. Clinical education, also referred to as clinical experiences or clinical rotations, plays a critical role in the education the invasive cardiovascular technologist. Your participation in this educational process is enormously important to our program and its students. I look to forward working with you to ensure our student has acquires the clinical experience necessary to become a cath lab professional.

Students in the Cardiac Specialist program are expected to take an active role in the learning process to meet their educational objectives. They are encouraged to be assertive toward learning and will seek to adopt all the professional traits, characteristics, and attributes of an accomplished cardiac cath lab technologist.

Each student must document their performance of cath lab procedures according to the criteria defined by the Program, the American Registry of Radiologic Technologists and/or Cardiovascular Credentialing International. The required procedures are documented and submitted via a clinical competency log maintained by the student.

By documenting their clinical experience requirements, students can verify they have demonstrated competency in a subset of cath lab procedures. To qualify for graduation and credentialing examinations, the student must demonstrate active participation and competency in scrubbing, circulating and monitoring. Completion of each procedure must be verified by a registered technologist, supervisor or licensed physician. The verification process is described within the competency log.

The student is required to complete a minimum of 24 schedule hours per week of clinical experience during each 15-week semester. If the student elects to complete less than 24 hours per week, the length of time to complete the program will be extended. Scheduling of clinical experience hours must be mutually agreed upon by the student and the department supervisor.

If you have any questions regarding the Cardiac Specialist program or becoming a clinical site, please do not hesitate to contact me.

Christopher Steelman MS, RT(R)(CI)(ARRT), RCIS, FACVP Assistant Professor Invasive Cardiology Program Coordinator Weber State University office: +1 843-290-5404 csteelman@weber.edu

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The above listed conditions and requirements are agreeable, and the health care organization is willing to provide a learning environment to the student.

Student Name (Please Print)		Date
Signature & Title		
Department Supervisor Name (Pl	ease Print)	Date
Signature & Title	Email	Telephone
Supervising Preceptor (Please Prin	nt)	Date
Signature & Title	Email	Telephone
Name of Health Care Organization/Corporation		Telephone
Address	City, State, Zip Code	
University may be proces	ment between the health card sed once the student has been am and this completed docum	n selected to begin the
Name of HR Director, Student Co or legal department for Affiliatio	oordinator E-mail n Agreements	Telephone

Please sign and copy this form and 1) upload it to your online application OR 2) email it to msrs@weber.edu

If you have any questions regarding the program, please feel free to contact us at 801-626-8538 or by email: csteelman@weber.edu or cathywells@weber.edu