

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
COLLEGE OF HEALTH RELATED PROFESSIONS
DEPARTMENT OF IMAGING & RADIATION SCIENCES
NUCLEAR MEDICINE ADVANCED ASSOCIATE PROGRAM**

PHYSICIAN PRECEPTOR AGREEMENT

I agree to serve as the Physician Preceptor without remuneration for the applicant below as he/she completes a clinical internship in the UAMS Master of Imaging Sciences (MIS) Program for the Nuclear Medicine Advanced Associate (NMAA).

Applicant Signature

Applicant Printed Name

The UAMS MIS program is designed to be completed in five semesters. A flexible course plan extends the program to nine (9) semesters for part time students; however, the clinical internship courses must be completed consecutively. Upon fulfillment of all requirements for the MIS program, NMAA interns will become eligible to take the Nuclear Medicine Advanced Associate certification examination that will be available from the Nuclear Medicine Certification Board (NMTCB).

I understand and agree to fulfill my responsibilities as Physician Preceptor that include:

- Teaching and guiding the NMAA as he/she develops comprehensive NMAA clinical skills.
- Supervising and overseeing all NMAA intern interactions with patients.
- Evaluating and documenting successful completion by the NMAA intern of the NMAA Clinical Competencies as identified by the UAMS NMAA curriculum. Evaluations will be completed using an online format.
- Verifying that the NMAA intern has at least 24 clinical contact hours per week to develop NMAA clinical skills each semester.
- Maintaining communication with the UAMS faculty about the progress of the NMAA intern in the MIS program.

I understand that the NMAA intern MUST have a Physician Preceptor to participate in the MIS program. I also understand the intern will function under the affiliation and privileges extended to the nuclear medicine physician, radiologist or radiology group by the facilities served. The NMAA intern will obtain and maintain malpractice insurance coverage available through the CHRP.

If, for any reason, I cannot continue to serve as this intern's preceptor, I will immediately notify the MIS program director with at least 30 days notice, if possible. I understand that the NMAA intern must identify another radiologist willing to serve as Physician Preceptor to remain in the MIS program.

Physician Preceptor Signature

Printed Name

Date

E-mail Address

Telephone Number

Fax Number

Authorizing Signature for Group Practice

Printed Name

Date

Address of Practice