

**PROPAPA MISSIONS AMERICA
BRIGADE CAPTAIN OPERATIONS MANUAL
Clinical Preceptor Responsibility**

I, _____, (MD / DDS) accept clinical supervisory responsibility over _____ during and throughout the (Date- month & year) _____ Brigade.

I will serve as his/her clinical preceptor and directly supervise all medical and clinical practices and procedures of this clinician-in-training during all patient contact.

Clinician-in-Training _____

Training Status (i.e. Medical Resident) _____

Preceptor _____

License (i.e. Internist) _____

Brigade Captain _____

Date Approved _____