

please complete and email to [boardmonitoring@ncmedboard.org](mailto:boardmonitoring@ncmedboard.org)



## Preceptor Chart Review

(licensee name)

Preceptor Reviewer:			Signature:		
Review Date:					
Pt. ID	Diagnosis	Documentation	Issues Regarding Care	Overall Care*	Comments from Preceptor
		See Explanation Key below		* if care rated "4" please indicate the level of risk conferred to the patient (low, moderate, or high)	
1					
2					
3					
4					

<b>Documentation</b> A = Acceptable B = Absent C = Incomplete D = Fails to substantiate clinical course and treatment E = Not timely F = Illegible G = Other	<b>Issues Regarding Care Concerns</b> A = No issues with physician care identified <b>Physician Care Issues</b> B = Diagnosis C = Judgment D = Technique/Skill/Approach E = Communication or implementation of	<b>Overall Care</b> 1 = met generally accepted standards of practice 2 = met standards with qualifications 3 = unable to determine due to documentation deficiencies 4 = failed to meet generally accepted standards
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Review Date:					
Pt. ID	Diagnosis	Documentation	Issues Regarding Care	Overall Care*	Comments from Preceptor
		See Explanation Key below			* if care rated "4" please indicate the level of risk conferred to the patient (low, moderate, or high)
5					
6					
Additional Comments:					

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