Date: \_\_\_\_\_\_\_\_\_\_\_

To whom it may concern:

My name is \_\_\_\_\_\_(proposed onsite clinical instructor’s name)\_\_\_\_\_, and I am \_\_\_\_(job title)\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_(facility name)\_\_\_\_\_\_\_\_\_\_. I am applying to be the On-Site Practical Training Experience Instructor for \_\_\_\_\_(students name)\_\_\_\_\_, who is applying for the Utah health Care Association Medication Aide Certified Training Course.

I agree to act as the on-site practical training experience instructor at our facility located at \_\_\_\_\_\_(address of facility)\_\_\_\_\_\_\_\_\_\_\_ and will provide a fully stocked skills lab for the student to practice in.

I am qualified to be the on-site practical training experience instructor because I have a current LPN, RN or APRN license or multistate privilege to practice nursing in Utah in good standing; and have at least one year of clinical experience. My license number is \_\_\_\_\_\_ (license number) \_\_\_\_\_\_.

I agree the on-site training experience instructor-to-student ratio shall be 1:2 if the instructor is working on-on-one with the student to administer the medications; or 1:6 if the instructor is supervising a student who is working one-on-one with the clinical facility’s medication nurse.

I agree by being the on-site-practical training experience instructor I shall be on-site and available at all times if the student is not being directly supervised by a licensed nurse during the practical training experience. I will supervise 40 clinical hours for the student.

By signing below, I agree to all the above statements If you have any questions, please contact me at

\_\_\_\_\_\_\_\_\_\_\_(insert phone # and email address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

(Printed Name)

(Title)