

U N I V E R S I T Y of  
**HOUSTON**

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COLLEGE of NURSING

**COLLEGE OF NURSING**

**PRECEPTOR HANDBOOK**

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**NURSING. EXCELLENCE. PERIOD.**

## Overview

Preceptors are our partners in education by providing supervised clinical experiences that allow students to apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge linking students' previously learned behaviors to current professional nursing values. Students benefit from the individualized instruction that preceptors provide.

Preceptors also benefit from their experiences with UH nursing students. Preceptors discover that this role brings status, increased job satisfaction, advancement of practice, and recognition by faculty and other expert practitioners. Other benefits include invitations to College of Nursing functions and scholarship opportunities. For more information about the *Exemption Program for Clinical Preceptors and Their Children*, go to <http://www.collegefortexans.com/apps/financialaid/tofa2.cfm?ID=546>.

Click on the links below for information about the College of Nursing.

- [The Mission of the College of Nursing](#)
- [College of Nursing Goals](#)
- [Philosophy and Conceptual Framework](#)
- [Organizational Chart](#)

## About the Programs

- [Second Degree BSN](#)
- [RN to BSN](#)
- [MSN](#)

## Student Policies

Each student is responsible for adhering to all university policies in the University Student Handbook (available online at: <http://catalog.uh.edu/index.php?catoid=17>). In addition, students are responsible for policies in UH College of Nursing Student Handbook (available online at <http://www.uh.edu/nursing/resources/>).

### Academic Honesty

Responsibilities of preceptors, students and faculty are outlined in UH College of Nursing Policy S134. [S134 Preceptor Policy](#)

## Forms

- The Preceptor Agreement Form is required by the Commission on Collegiate Nursing Education (CCNE) and The Texas Board of Nursing (TBON) to document preceptor license and credentials.
- The Clinical Hours Verification form is signed by both student and preceptor.

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University of Houston College of Nursing  
Undergraduate Student Evaluation of Preceptor

Student Name: \_\_\_\_\_

Clinical Site/Agency: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Course Number: \_\_\_\_\_

**Directions:** Please rate the Preceptor as satisfactory or unsatisfactory for the following objectives:  
Satisfactory=S Unsatisfactory=U

Objectives	S/U	Comments
Was available to meet required clinical hours.		
Facilitated student achievement of clinical goals.		
Effectively communicated to foster development of student's skills and knowledge base.		
Provided a variety of activities that challenged the student's professional and clinical development.		
Provided timely feedback to the student regarding clinical performance.		
Modeled professional interpersonal relationship skills.		

Additional Comments:

Student signature: \_\_\_\_\_

**NURSING. EXCELLENCE. PERIOD.**

NURS 4521 & NURS 3735: Community Health Nursing  
Preceptor Evaluation of Student Performance

Rank the student's clinical performance on levels of competency key:

KEY: 4 = Independent; 3 = Supervised; 2 = Assisted; 1 = Dependent; NA = Not Applicable

Competencies	Is able to:	4	3	2	1	NA
ASSESSMENT	assess individual, family, group health needs					
	systematically collect comprehensive, accurate data					
INTERVENTIONS	demonstrate initiative in clinical practice					
	analyze data collected about the community, family, individual to determine diagnoses					
RATIONALE	apply theoretical concepts as a basis for decisions					
EVALUATION	apply ten core public health functions (in community settings)					
	apply levels of prevention (primary, secondary, tertiary)					
	apply epidemiological principles					
	apply proficient assessment skills					
	apply goals & implementation plan of care within EBP					
	apply accountability & responsibility for quality of care					
	apply patient care management skills					
NURSING SKILLS	maintain safety in performance of nursing skills					
	apply critical thinking skills in clinical setting					
COMMUNICATION	maintain open communication with preceptor					
	communicate professionally with interdisciplinary team					
	document appropriately					
PROFESSIONALISM	negotiate clinical schedule with preceptor prior to clinical					
	demonstrate accountability for behavior					
	identify learning needs					
	accept constructive feedback on clinical performance					

**INSTRUCTOR/PRECEPTOR COMMENTS:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

The student has responsibility to remind preceptor to complete evaluation by last day at assigned agency.

**FACULTY TO COMPLETE NEXT SECTION:**

Score \_\_\_\_\_/84 possible points (excluding NA) = \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**NURSING. EXCELLENCE. PERIOD.**

**UNIVERSITY OF HOUSTON  
NURS 4520 Concept Integration in Patient Care Management**

**PRECEPTOR EVALUATION OF STUDENT CLINICAL PERFORMANCE**

The clinical evaluation tool is based on selected outcomes from "The Essentials of Baccalaureate Education for Professional Nursing Practice." Attaining these outcomes "will enable graduates to practice within complex healthcare systems and assume the roles: provider of care/designer/manager/ coordinator of care/and member of a profession" (AACN, 2009, p. 2).

- Rate the student's level of independent performance related to ESSENTIAL II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety: Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.

	Dependent	Assisted	Supervised	Independent
Application of knowledge/skills in leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Rate the student's level of independent performance related to ESSENTIAL III: Scholarship for Evidence Based Practice: Professional nursing practice is grounded in the translation of current evidence into practice.

	Dependent	Assisted	Supervised	Independent
Translation of current (research) evidence into practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Rate the student's level of independent performance related to ESSENTIAL IV: Information Management and Application of Patient Care Technology: Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

	Dependent	Assisted	Supervised	Independent
Application of knowledge/skills in information management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in patient care technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Rate the student's level of independent performance related to ESSENTIAL V: Healthcare Policy, Finance, and Regulatory Environments: Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

	Dependent	Assisted	Supervised	Independent
Application of knowledge/skills in healthcare policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in financial policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in regulatory environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NURSING. EXCELLENCE. PERIOD.**

**PRECEPTOR EVALUATION OF STUDENT CLINICAL PERFORMANCE CON'T**

- Rate the student's level of independent performance related to ESSENTIAL VI: Inter-professional Communication and Collaboration for Improving Patient Health Outcomes: Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

	Dependent	Assisted	Supervised	Independent
Communication with other healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration with other healthcare professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Rate the student's level of independent performance related to ESSENTIAL VII: Clinical Prevention and Population Health: Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

	Dependent	Assisted	Supervised	Independent
Application of knowledge/skills in health promotion at the individual level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in disease prevention at the individual level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in health promotion at the population level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of knowledge/skills in disease prevention at the population level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Rate the student's level of independent performance related to ESSENTIAL VIII: Professionalism and Professional Values: Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to nursing.

	Dependent	Assisted	Supervised	Independent
Demonstration of professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the value of altruism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the value of autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the value of dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the value of integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the value of social justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Overall student clinical performance:**     Satisfactory                       Unsatisfactory

**Preceptor Comments:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NURSING. EXCELLENCE. PERIOD.**





**UNIVERSITY OF HOUSTON  
COLLEGE OF NURSING  
FAMILY NURSE  
PRACTITIONER LEARNING  
CONTRACT**

Student Name: \_\_\_\_\_  
Preceptor Name and Credentials: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Legal Name of Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Preceptor Email: \_\_\_\_\_

Each student and preceptor will negotiate a learning contract. This contract outlines expectations for the experience and will assist the preceptor in evaluating the student's clinical progress. The contract is accomplished by determining the student's learning objectives and interests, in collaboration with the preceptor's assessment of the student's skill, potential, and educational priorities.

**1. Setting Goals**

**A. Student Goals: (to be completed prior to the first day of the clinical experience)**

*List the three most important goals you have for this clinical experience.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*List specific strategies for accomplishing these goals.*

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

**B. Preceptor Goals: (to be completed by the end of the first week)**

*List the three most important areas on which the student should focus.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*List strategies for addressing these areas.*

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

Student Signature: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

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

**NURSING. EXCELLENCE. PERIOD.**

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

Student's Name: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**UNIVERSITY OF HOUSTON  
COLLEGE OF NURSING  
FAMILY NURSE PRACTITIONER**  
Preceptor/Faculty Evaluation of Clinical Performance

Graduate students are expected to assume responsibility for their professional growth through clinical experiences. Clinical practicum experiences are negotiated in order to meet the student's learning objectives while facilitating application or nursing theory to practice. Students will be evaluated on their self-directed achievement. Students will be evaluated on their self-directed achievement of the following criteria mid-way through the clinical experience and again at the conclusion of the clinical experience:

1. Considerable guidance needed
  2. Moderate guidance needed
  3. Self directed, minimal guidance needed
- N/A = No applicable to this clinical situation or unable to evaluate

<b><u>ATTITUDES, INTERPERSONAL SKILLS</u></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>N/A</b>
1. Communicates effectively with patients and families; is courteous and demonstrates empathy	( )	( )	( )	( )
2. Interacts effectively with office staff and other health care professionals	( )	( )	( )	( )
3. Accepts instructions well	( )	( )	( )	( )
4. Asks for help when needed	( )	( )	( )	( )
5. Demonstrates desire to improve clinical performance	( )	( )	( )	( )
6. Demonstrates self-direction, motivation	( )	( )	( )	( )

<b><u>ASSESSMENT</u></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>N/A</b>
1. Performs an appropriate, focused history	( )	( )	( )	( )
2. Elicits an age/condition appropriate health history	( )	( )	( )	( )
3. Collects history in an organized and timely manner	( )	( )	( )	( )
4. Verbally presents a case in a well-organized and orderly manner	( )	( )	( )	( )
5. Provides anticipatory guidance in appropriate situations	( )	( )	( )	( )
6. Correlates pathophysiology with assessment data for common disorders	( )	( )	( )	( )

**NURSING. EXCELLENCE. PERIOD.**

**PHYSICAL EXAMINATION**

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| 1. Performs an appropriate physical exam                            | ( ) | ( ) | ( ) | ( ) |
| 2. Demonstrates appropriate utilization of equipment                | ( ) | ( ) | ( ) | ( ) |
| 3. Differentiates normal from abnormal findings for most conditions | ( ) | ( ) | ( ) | ( ) |

**DIAGNOSIS**

- |  |     |     |     |     |
|--|-----|-----|-----|-----|
| 1. Formulates differential diagnoses with preceptor assistance     | ( ) | ( ) | ( ) | ( ) |
| 2. Selects correct common diagnostic tests with minimal assistance | ( ) | ( ) | ( ) | ( ) |
| 3. Interprets test findings with preceptor assistance              | ( ) | ( ) | ( ) | ( ) |

**MANAGEMENT**

- |  |     |     |     |     |
|--|-----|-----|-----|-----|
| 1. Formulates decisions with preceptor guidance  | ( ) | ( ) | ( ) | ( ) |
| 2. Initiates obvious interventions with preceptor support  | ( ) | ( ) | ( ) | ( ) |
| 3. Recognizes indicators for pharmaceutical management   | ( ) | ( ) | ( ) | ( ) |
| 4. Includes patient in decision-making process   | ( ) | ( ) | ( ) | ( ) |
| 5. Seeks preceptor guidance in new situations  | ( ) | ( ) | ( ) | ( ) |
| 6. Schedules appropriate follow-up   | ( ) | ( ) | ( ) | ( ) |
| 7. Makes appropriate referrals based on correctly stated rationale, protocols and preceptor consultation | ( ) | ( ) | ( ) | ( ) |

**TEACHING**

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| 1. Identifies teaching/learning needs of patient/family   | ( ) | ( ) | ( ) | ( ) |
| 2. Provides basic individualized teaching information   | ( ) | ( ) | ( ) | ( ) |
| 3. Assists patients with goal-setting for health promotion and disease prevention based on individualized needs | ( ) | ( ) | ( ) | ( ) |
| 4. Seeks preceptor guidance for complex issues  | ( ) | ( ) | ( ) | ( ) |
| 5. Identifies a wide variety of available resources for counseling/referral                                     | ( ) | ( ) | ( ) | ( ) |

**MONITORING AND EVALUATING THE QUALITY OF CARE**

- |   |     |     |     |     |
|---|-----|-----|-----|-----|
| 1. Bases own practice on professional and legal standards                   | ( ) | ( ) | ( ) | ( ) |
| 2. Recognizes standards of practice   | ( ) | ( ) | ( ) | ( ) |
| 3. Provides self-evaluation of own practice                                 | ( ) | ( ) | ( ) | ( ) |
| 4. Presents a professional, competent image                                 | ( ) | ( ) | ( ) | ( ) |
| 5. Seeks opportunities to increase knowledge-base and clinical competencies | ( ) | ( ) | ( ) | ( ) |

**NURSING. EXCELLENCE. PERIOD.**

Date of Preceptorship: From \_\_\_\_\_ To \_\_\_\_\_ Total Hours: \_\_\_\_\_

Student Strengths	Areas for Development/improvement

Additional Comments: (Comments in this area are greatly appreciated)

Preceptor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

**NURSING. EXCELLENCE. PERIOD.**

Student's Name: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**UNIVERSITY OF HOUSTON  
COLLEGE OF NURSING  
FAMILY NURSE PRACTITIONER  
STUDENT EVALUATION OF PRECEPTOR**

Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the preceptorship experience in the future.

- 1. Rarely
  - 2. Sometimes
  - 3. Frequently
  - 4. Always
- N/A = Not able to evaluate

<b>My Preceptor as a Practitioner:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>
1. Was acutely aware of the concerns of patients and their families	( )	( )	( )	( )	( )
2. Demonstrated an ease of communication with both patients and their families	( )	( )	( )	( )	( )
3. Was involved in community oriented activities	( )	( )	( )	( )	( )
4. Respected different opinions	( )	( )	( )	( )	( )
5. Was up-to-date in general approach and treatment of medical problems	( )	( )	( )	( )	( )
6. Was up-to-date in approach and management of nursing problems	( )	( )	( )	( )	( )
7. Managed the clinical practice efficiently	( )	( )	( )	( )	( )
8. Demonstrated an active interest in continuing medical and nursing education	( )	( )	( )	( )	( )

<b>My Preceptor as an Instructor:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>
9. Was enthusiastic about teaching and having me as a student	( )	( )	( )	( )	( )
10. Was available to me	( )	( )	( )	( )	( )
11. Established a working relationship with me based on trust and respect	( )	( )	( )	( )	( )
12. Allowed me ample opportunity for practicing newly learned technical skills, i.e., EKGs, physicals, and x-rays	( )	( )	( )	( )	( )
13. Stimulated my problem solving capabilities by asking probing questions	( )	( )	( )	( )	( )
14. Maintained an approachable teaching atmosphere	( )	( )	( )	( )	( )
15. Explained to me the approach to problems that was used and the reasons decisions were made	( )	( )	( )	( )	( )

**NURSING. EXCELLENCE. PERIOD.**

- |  |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|
| 16. Elicited my perception of what I should learn                                      | ( ) | ( ) | ( ) | ( ) | ( ) |
| 17. Encouraged me to ask questions   | ( ) | ( ) | ( ) | ( ) | ( ) |
| 18. Provided me with positive feedback   | ( ) | ( ) | ( ) | ( ) | ( ) |
| 19. Encouraged independent learning by suggesting articles, books, and other resources | ( ) | ( ) | ( ) | ( ) | ( ) |
| 20. Gave me the opportunity to offer opinions on patient problems and treatment        | ( ) | ( ) | ( ) | ( ) | ( ) |
| 21. Provided a model of the type of practitioner I would like to be                    | ( ) | ( ) | ( ) | ( ) | ( ) |

Comments:

Student Signature: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

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

**NURSING. EXCELLENCE. PERIOD.**



## UNIVERSITY OF HOUSTON COLLEGE OF NURSING PRECEPTOR AGREEMENT AND CREDENTIALS

PRECEPTOR: PLEASE FILL OUT PARTS A AND B OF THE PRECEPTOR FORM. SIGN AND RETURN TO STUDENT OR REQUESTING FACULTY MEMBER. CLINICAL AFFILIATION AGREEMENT AND PRECEPTOR AGREEMENT **MUST BE IN PLACE PRIOR TO THE STUDENT BEING ON SITE FOR CLINICAL.**

**PART A:**

Preceptor Name: \_\_\_\_\_

Preceptor Home Address: \_\_\_\_\_  
(Street / City / State / Zip Code)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_

Name of Facility or Employer: \_\_\_\_\_

TX RN Lic#\*: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_ DOB \_\_\_\_\_

List All Degrees Held: Undergraduate \_\_\_\_\_, Graduate \_\_\_\_\_, Doctoral \_\_\_\_\_, Other \_\_\_\_\_

Certifications: \_\_\_\_\_

*If not an RN, please attach all appropriate credentials (Resume and/or CV, certifications)*



*Please place initials in box if copy of Preceptor Handbook was received.*

**PART B:**

I, \_\_\_\_\_, do agree to act as preceptor for  
(Printed Preceptor Name)

\_\_\_\_\_, in NUR \_\_\_\_\_, who will be completing  
(Printed Student Name) (Course Number)

Clinical Rotation at \_\_\_\_\_  
(Location Where Clinical Affiliation Agreement Exists)

***I hereby agree to abide by all rules and requirements set forth in the Preceptor Handbook:***

\_\_\_\_\_  
Preceptor Signature / Date

\_\_\_\_\_  
Student Signature / Date

\_\_\_\_\_  
Faculty Signature / Date

\_\_\_\_\_  
Other approval (if applicable) / Date

**For College of Nursing USE ONLY:**

- BON Verification (Date/Time/Initials): \_\_\_\_\_
- UH Clinical Affiliation Agreement Number: \_\_\_\_\_
- Justification for Preceptor Qualifications if Preceptor is not an RN:  
\_\_\_\_\_

**NURSING. EXCELLENCE. PERIOD.**