	GA	STON CC	OUNTY BUDG	ET CHA	NGE REQUES	Т
TO:	Dr. Kim Eagle			COUNTY	MANAGER	
FROM:	5115	DHHS	S - Public Health			
FROM.	Dept. #		partment Name			
	Chris Dobbins		7/:	30/2019		
_	Department Direc	ctor's Name		Date		
TYPE OF REQUE	ST:					
Line Item <sup>-</sup>	l		Line Item Transfer Bet	tween Funds *		
Project Tra		Х	Additional Appropriati	on of Funds *		
Line Item <sup>-</sup>	Transfer Between De	partments*	* Requires resolution by the Board of Commissioners			
		•	AC	CCOUNT N	IUMBER	AMOUNT
ACCOUNT DESCRIPTION		I	Fund - Functi	Fund - Function - Dept - Division - Object - Project		Whole Dollars Only
(As it appears in the budget)			xxx - xx - :	XXX - XX - XXXX - XXXX - XXXXX		(See Note Below)
Preceptorship Fund			011-05-5115-0000-415024-			(\$314)
FY 16 CHS Prec	eptor Program		011-05-5115-000	0-560000	-16266	\$314
JUSTIFICATION F		of Health an	d Human Service	s – Public	: Health Division w	as awarded preceptor funds

The Gaston County Department of Health and Human Services – Public Health Division was awarded preceptor funds from the Frontier Nursing University for preceptor work. A preceptor is a clinical provider such as a nurse, midwife, or physician assistant who teaches, supports, coaches, and mentors graduate health science students from various universities concerning their fields of expertise. The Public Health Department provided clinical preceptors for North Carolina graduate health science students. The Preceptor Program provides funds for the time that the student spent with each provider. These funds will be used for the Public Health clinic staff medical training opportunities and educational supplies. These are non-County funds.

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.