Date:

|  |  |  |
| --- | --- | --- |
| PRECEPTOR INFORMATION | | |
| Name | MD  DO  PA-C  NP | |
| State License Number |  | |
| Board Certified? | Yes, in area of:        No | |
| Email Address |  | |
| Ethnicity (Used for Federal Grant Purposes) | African American/Black  Multi-ethnic  Asian  Native American/AK Native  Latino/Hispanic  Native HI/Pacific Islander  Middle Eastern  White (Non-Hispanic) | |
| Malpractice Insurance Carrier |  | |
| Malpractice Limits | Each Claim: | Aggregate: |
| Malpractice Insurance Contact | Name: | Email: |
| PLEASE INCLUDE A CURRENT COPY OF CERTIFICATE OF MALPRACTICE/LIABILITY INSURANCE | | |

|  |  |
| --- | --- |
| PHYSICIAN OF RECORD FOR PA-C | |
| Name of Physician of Record (POR) | MD  DO |
| POR’s State License Number |  |
| POR is Board Certified? | Yes, in area of:        No |

|  |  |
| --- | --- |
| SITE INFORMATION | |
| Name |  |
| Address |  |
| City, State and Zip |  |
| Clinic Manager |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

**Please check all that may apply to the type of medical practice:**

Emergency  Internal

Family Practice  Surgery

In-Patient  Other (specify)

**Percentage of:**

      Behavioral Health       Geriatric       Pediatric       Women’s Health

**Will students see patients at a hospital?**   Yes, list name(s) below  No

Hospital(s):

**Will students have learning opportunities with the following patient populations?**

Geriatric Care  Prenatal Care

Nursing Home Facility  Other (specify)

**Setting: Practice:**

Clinic  Corporation

Hospital  Group

Multi-specialty  Institution (Federal/State/City)

Private Office  Solo

Other (specify)        Other (specify)

**Site Demographic: Size of Community:**

Federally Qualified Health Center  > 500,000

HRSA  250,000 to 499,999

Inner City  100,000 to 249,999

International  50,000 to 99,999

Military  25,000 to 49,999

Native American  < 24,999

Rural/Underserved Area

Suburban

**Are there other physicians and/or specialties at the site that students may have an opportunity to learn from?**

**Other On-site Services Available:**

Laboratory  X-ray  Other (specify)

|  |  |
| --- | --- |
| INFORMATION FOR STUDENTS | |
| Expected Hours/Day or Week |  |
| On-call Requirements |  |
| Weekend Requirements |  |
| Other Requirements |  |

**Housing Availability:**

No Housing Available, Must Locate Own Housing  Provide Free Housing

Provide Rental Housing, fee $        Other (specify)

**Recommendations to prepare students for the rotation (reference books, etc.):**

**Additional benefits provided (meals, parking, etc.):**