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 |

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| 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 |

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| 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.):**