



MOUNT ST. JOSEPH
UNIVERSITY
Physician Assistant Program

Preceptor Qualification Form

The purpose of this form is to qualify licensed health professionals as preceptors for the Mount St. Joseph University Physician Assistant Program

Preceptor Name: _____

Clinic Name: _____

Preceptor Specialty: _____ Board Certified: Yes No Eligible

Preceptor Degree: MD, PA, DO, NP, CNM, PhD, LCSW, other ____ License # _____

Supervising Physician's name: _____

Supervising Physician Board Certified: Yes No

Office Contact Name: _____ Office Phone: _____

Office Address: _____

Office Fax: _____ email of preceptor: _____

Question to be addressed with preceptor/site:

What is your routine office schedule? (For example M-Fri 8-5, Mon-Fri 8-5 off Wed pm...)?

What is your routine hospital schedule (for example: round q AM and PRN...)

Is there another provider who will be providing coverage on days you are off? If so, what is their name and credentials?

What is the average number of patients seen by the Preceptor in one day? _____

Will the student be allowed to take a history & perform an exam on the patient? Yes or No

Will the student be allowed to document in the medical record and fill out prescriptions?
Yes or No

Will the student be allowed to observe AND participate or perform clinical procedures?
Yes or No

Will the student be afforded the same space and privileges as the staff in terms of parking, restrooms, lockers, changing area, personal safety, and etcetera?

Yes or No

Types of patients the student will see: check all that apply:

<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	Post-operative
<input type="checkbox"/>	Adult	<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	Pre-operative
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Walk-Ins
<input type="checkbox"/>	OB/Gyn	<input type="checkbox"/>	Emergency Dept	<input type="checkbox"/>	Returning/Follow-up
<input type="checkbox"/>	Prenatal/Perinatal	<input type="checkbox"/>	Intra-operative	<input type="checkbox"/>	New Patients

Setting: Check all that apply:

<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Inner City	<input type="checkbox"/>	Rural
<input type="checkbox"/>	Hospital Based	<input type="checkbox"/>	Government	<input type="checkbox"/>	Health Manpower shortage area
<input type="checkbox"/>	Group Practice	<input type="checkbox"/>	HMO	<input type="checkbox"/>	Other

Check all that apply:

<input type="checkbox"/>	I have precepted medical students before
<input type="checkbox"/>	I have precepted Physician Assistant students before
<input type="checkbox"/>	I currently practice with a Physician Assistant
<input type="checkbox"/>	I have practiced with a Physician Assistant in the past
<input type="checkbox"/>	I am interested in employing a Physician Assistant in the future

Educational Approach: Check all that apply:

<input type="checkbox"/>	Student receives feedback after each pt.	<input type="checkbox"/>	Student documents findings in the medical record.
<input type="checkbox"/>	Daily performance feedback.	<input type="checkbox"/>	Student participates in procedures.
<input type="checkbox"/>	Student only observes.	<input type="checkbox"/>	Student gives presentation on topics.
<input type="checkbox"/>	Student evaluates patients prior to	<input type="checkbox"/>	Student expected to do daily oral case presentations.
<input type="checkbox"/>	Student presents findings to preceptor.	<input type="checkbox"/>	Students will actively participate in surgical procedures
<input type="checkbox"/>	Student participates in hospital rounds.	<input type="checkbox"/>	Other:

Types of educational events/materials: Check all that apply:

<input type="checkbox"/>	Student receives lectures
<input type="checkbox"/>	Student attends conferences.
<input type="checkbox"/>	Student is given specific assignments (reading/research/DVD-CD/video/audio) topics.
<input type="checkbox"/>	Student is questioned related to assignments
<input type="checkbox"/>	Student presents findings of assignments to preceptor.
<input type="checkbox"/>	Student is required to use/have specific books/workbooks
<input type="checkbox"/>	Other:

Miscellaneous:

<input type="checkbox"/>	I am interested in being contacted about the possibility of giving a medical lecture at the PA program
<input type="checkbox"/>	Topics or subject areas:
<input type="checkbox"/>	I am interested in teaching a course during the didactic phase of PA training

Observations/Comments/Suggestions (i.e., physical environment/facility/resources/ interpersonal environment):

How many students can the training site accommodate during one rotation: _____

How many per year: _____

List Hospital/Surgery Center/Clinic Affiliations:

1)

2)

Signature of Faculty Member Completing Form: _____

PA Program will complete the remainder of document. Please do not write below this line:

Original Date of Evaluation: _____

Review Date: _____ Faculty Signature: _____

Review Date: _____ Faculty Signature: _____

Review Date: _____ Faculty Signature: _____

Clinical Committee review:

Date: _____ Clinical Director: _____

Date: _____ Medical Director: _____

<input type="checkbox"/>	The preceptor was or has been provided a copy of the preceptor handbook and rotation syllabus
<input type="checkbox"/>	This training site meets the minimum above stated criteria.
<input type="checkbox"/>	This training site does not meet the minimum above stated criteria.

Preceptor License #/State: _____ License verified unrestricted: YES/NO

Preceptor Board Certified in: _____ Certification verification source: _____

Alternate Preceptor License # _____ License verified unrestricted: YES/NO

Alternate Preceptor License # _____ License verified unrestricted: YES/NO