Bethel University Physician Assistant Program
Preceptor & Site Profile
Letter of Intent

Name of Practice/Facility: _____

Address _____ City _____State _____ Zip_____

Office phone: _____ Fax: _____ Website:_____

Site contact name: _____ **Primary Email (Required):**_____

Office phone: _____ Cell:_____ Pager:_____

Office Administrator: _____ Phone:_____ Email:_____

Primary Preceptor:_____ **Primary Email (Required):**_____

Work phone:_____ Cell:_____ Pager:_____

Primary specialty:_____ Secondary specialty:_____

Medical License Number:_____ Issuing state: _____ Expiration date:_____

Board Certified:_____ Board Eligible:_____ Date cert/recert:_____

Professional/Medical school name: _____ Year graduated:_____

Current teaching affiliations:_____

Hospital affiliations:_____

Practice profile (check all that apply):

___ Solo practitioner	___ Inpatient only	___ Urban
___ Single specialty, independent	___ Outpatient only	___ Suburban
___ Single specialty, large system	___ Inpatient/outpatient mix	___ Rural
___ Multi-specialty, independent	___ Operating room	___ Other_____
___ Multi-specialty, large system	___ Emergency room	_____

If PA, Supervising Physician – Name:_____State Lic. #/Exp:_____Specialty Cert & Exp:_____

How many **students per rotation** are you able to accept? _____
How many **rotations per year** are you willing to participate in?_____

The responsibilities of the **Primary Preceptor** include scheduling and orientation of the student within their facility, as well as providing a brief mid-term and end-of-rotation student evaluation.

Also, please attach the names and emails of any co-preceptors, so that we may contact them for a CV and license & certification data.

Do you currently have any sanctions against your facility from any third-party program or government agency? _____
If yes, please attach a letter of explanation.

Signature:_____ Title:_____

Printed name:_____ Date:_____

Please attach Professional Data for Preceptors & Supervising Physician: Current CV and copy of license & certification

Return completed form and professional data to:
Director of Clinical Education - Bethel PA Program #2354
Bethel University * 3900 Bethel Drive * Saint Paul, MN 55112-6999
Phone: 651-635-8074 Fax: 651-287-0824

Updated: 12/5/14