Bethel University Physician Assistant Program
Preceptor - Site Information Form

Date: _____

Name of Clinic and/or Preceptor(s) _____

Preceptor/Site Contact Information

Address: _____

Telephone: _____ Email: _____

Fax: _____

Contact person for scheduling rotations: _____

Medical Education Coordinator: _____

Are you able to provide an average of 40 hours or more/week of training while on rotation?
Yes _____ No _____ (# hours if less than above? _____)

What is the average number of patients seen by preceptor(s) in a typical day? _____

How many students can you take per rotation? _____ How many per year? _____

Facility Affiliations and Demographics

List the names of each healthcare facility where students will have clinical rotations (Hospitals/ Clinics/Surgery Centers, etc.) with estimated hospital beds and/or exam rooms:

_____

_____

Laboratory available? Yes _____ No _____

Radiology services available? Yes _____ No _____

Practice Setting: (mark all that apply)

In Patient	Out Patient	Operating Room	Emergency Room	Surgical Center	Office-based
Hospital-based	Rural	Health Manpower Shortage Area		Military	

Certification:

Board Certified/Eligible Physician in Primary specialty:	Yes _____	No _____
Certified Physician Assistant:	Yes _____	No _____
Certified Nurse Practitioner:	Yes _____	No _____
Other: _____ Certified?	Yes _____	No _____

Specialty: (circle all that apply)

Allergy and Immunology	Internal Medicine	PM and R
Anesthesiology	Neurology	Psychiatry
Cardiology	OB/ GYN	Radiology
Dermatology	Oncology	Surgery subspecialty
Emergency Medicine	Ophthalmology	Urgent Care
Endocrinology	Orthopedic Surgery	Urology
Family Practice	Otolaryngology	Other (Please specify)
General surgery	Pain Medicine	
Hospitalist	Pediatrics	

Types of patients the student will see: (circle all that apply)

Pediatric	Outpatient	Operative
Adult	Inpatient	Post-operative
Geriatric	Nursing home/Extended care	Follow ups/Returning
Prenatal/Obstetric	Emergency department	Behavioral/Psych
Women's Health	Pre-operative	Diverse population

Experience with PA students / PAs

I have precepted PA students in the past: Yes _____ No _____
I currently practice with a PA, or have in the past: Yes _____ No _____
I am interested in employing a PA in the future: Yes _____ No _____

Educational Approach: (circle or mark all that apply)

Student receives feedback after each patient
Daily performance feedback
Student only observes
Student evaluates patient prior to preceptor
Student presents history and findings to preceptor
Student participates in daily hospital rounds
Student documents findings in the medical record
Student participates in procedures
Student gives presentation on relevant topics
Student expected to do oral case presentations
Student is required to attend grand rounds/ conferences
Student is required to use/ have specific books or workbooks
Student submits a health promotion or disease prevention project during Family Medicine rotation

Educational Resources:

Computer access? Yes _____ No _____
Library access? Yes _____ No _____
Grand Rounds/ Conferences Yes _____ No _____

Site Logistics:

Security (circle all that apply)

Badging None
Key Card On-Site
Key Code
Security instructions: _____

Parking (circle all that apply)

Free Pay
On-Site Remote
Parking instructions: _____

Accessible by mass transit: Yes _____ No _____

Food Availability (circle all that apply)

Bring your own food None
Food available driving/walking On-site cafeteria
Food available on site Vending machines only
Food availability notes: _____

Is there a dedicated student work area? (circle all that apply)

Dedicated None Shared

Is short-term housing available on-site? Yes _____ No _____
Any travel requirements to satellite clinics? Yes _____ No _____
Any other information or special requirements for students? _____

Signature _____Printed Name _____ Date _____

For Accreditation purposes and future planning, please list the **Top Ten ICD-10 Diagnoses** & **Top Ten CPT Codes**, if applicable, that you see or perform at your clinical site:

ICD-10 Codes:	**CPT Codes:**
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

PLEASE COMPLETE AND RETURN IN THE POSTAGE PAID ENVELOPE, BY FAX (651-287-0824), OR VIA E-MAIL AS AN ATTACHMENT, pa-clinical@bethel.edu. CALL WITH ANY QUESTIONS, 651-635-8074