



Clinic

Name (Print): _____ Phone: _____

Practice/Hospital _____

Address: _____

Email: _____

◆ **Area of Specialty:** _____ / **Please attach CV to this document**

2023 CORE CLINICAL PRECEPTOR DATES (please select availability):

Clinical Rotation	# Of students per Date	Dates	Clinical Rotation	# Of students per Date	Dates
#1		January 16 – February 22, 2023	#5		July 3 – August 9, 2023
#2		Feb 27 - April 5, 2023	#6		August 14 – September 20, 2023
#3		April 10 - May 17, 2023	#7		September 25 – November 1, 2023
#4		May 22 – June 28, 2023	#8 ***		November 6 – November 29, 2023

- All rotations are **6** weeks
- *** **Elective** Primary Care/Surgical Rotations are only **4** weeks

_____ Yes, I would like to become a **Core Clinical Preceptor (starting in 2023)**

****Please indicate the number of students you are willing to accommodate

2023 DIDACTIC PRECEPTOR OPPORTUNITIES (please select availability)

I am also interested in contributing to the North Central College Physician Assistant Studies Program in of the following manner: (please check all that apply):

_____ **Longitudinal** Clinical Preceptors (50 hours of clinical precepting per semester)

_____ Clinical Lectures for Didactic Education

_____ Serve on the Physician Assistant Studies Advisory Board (quarterly meetings)

_____ Lead a Problem Based Learning Group

_____ Assist in technical skills instruction or simulations

_____ Clinical Competency Assessments at End of Rotation Days

Signature: _____ Date: _____

Thank you for your support of the Masters of Physician Assistant Studies Program.

Return completed form via fax or email to: Rebecca Mitchell bmitchell1334@noctrl.edu or
Tedjitou Martin tmartin@noctrl.edu or Courtney Kelly cakelly@noctrl.edu;
Fax (630)637-5749