NORTH CENTRAL COLLEGE
Master of Science in
Physician Assistant Studies

PHYSICIAN ASSISTANT STUDIES
PRECEPTOR INTEREST FORM 2026

Name (Print):_____ **Cred:**_____

Practice:_____

Hospital Affiliation(s) (if applicable):_____

Specialty:_____

Board Certification Name (if applicable):_____

Board Certification Expiration Date (if applicable):_____

PRECEPTORSHIP OPPORTUNITIES

Please select availability below. Rotations 1-7 are six weeks in length, Rotation 8 is a four-week elective.

Rotation #	Dates	# Students per Rotation
1	January 12 – February 18	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
2	February 23 – April 1	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
3	April 6 – May 13	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
4	May 18 – June 24	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
5	June 29 – August 5	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
6	August 10 – September 16	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
7	September 21 – October 28	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___
8 (Elective)	November 2 – November 24	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ #___

ADDITIONAL OPPORTUNITIES

Please select any additional programmatic opportunities you are interested in below:

☐ Clinical lectures for Didactic education

☐ Serve on the PA Advisory Board (quarterly meetings)

☐ Lead a Problem-Based Learning (PBL) Group

☐ Assist in technical skills instruction/simulations

☐ Clinical Competency Assessments at End of Rotation (EOR) Days

☐ Feb. 20-21 ☐ Apr. 3-4 ☐ May 15-16 ☐ June 26-27 ☐ Aug. 7-8 ☐ Sept. 18-19 ☐ Oct. 30-31

_____ _____

Signature **Date**

Thank you for your support of the program!
Please return completed form via email to Courtney Kelly cakelly@noctrl.edu or Tedjitou Martin at tmartin@noctrl.edu, or via fax to 630-637-5749

******Please provide your up to date CV when returning this document, if not already on file.***