Butler University Physician Assistant Program

New Preceptor Form

Please enter your information in the spaces provided below. This PDF with other required documents may be returned via email (PAExperientialTeam@butler.edu) or fax 317-940-9857. This form is not intended to be a contract, but a step in the process of becoming a Butler University PA Program preceptor required by accreditation. Once your information is received, we can begin the process of attaining Affiliation Agreement(s) with site(s) in which you practice.

Name of student making the rotation request (if applicable)	
Name of Preceptor	
Maiden Name/ Previous Name (if applicable)	

Professional Designation (select): ☐ **MD** ☐ **DO** ☐ **PA-C** ☐ **NP**

Number of years you have practiced in your current specialty: _____ years

Medical License Number:	**Board Certification Number and Certifying Body:**
Preceptor Email Address	

Please include a copy of your current and/or previous board certificate(s).

Primary Practice Site Name					
☐ **Private Practice** ☐ **Affiliated Institution**	Name of Affiliated Institution, if applicable:				
Street Address					
City		**State**		**Zip**	
Practice Phone Number		**Preceptor Mobile Number**			

Additional point of contact for Primary Practice Site (Office Manager, Administrator, Education Coordinator)

Name:

Title:

Email and Phone Number:

Students assigned to this rotation will have opportunities to participate in the care of patients with (check all that apply): ☐ **Preventive Care** ☐ **Acute Conditions** ☐ **Chronic Conditions**

Select current medical specialty:

☐ **Emergency Medicine** ☐ **Family Medicine** ☐ **Internal Medicine** ☐ **General Surgery**
☐ **Mental Health** ☐ **Pediatrics** ☐ **Women's Health** ☐ **Other: _____**

Primary clinical setting(s) (check all that apply):

☐ **Outpatient/Clinic** ☐ **Inpatient/Hospital** ☐ **Emergency Department** ☐ **Operating Room** ☐ **Other: _____**

What percent of your practice is spent in each of these 4 settings?

Outpatient: _____% Inpatient: _____% Emergency Dept: _____% Operating Rm: _____% Other _____%

Patient populations commonly encountered (check all that apply):

☐ **Pediatric** ☐ **Adult** ☐ **Elderly** ☐ **Prenatal** ☐ **Gynecological**
☐ **Behavioral/Mental Health** ☐ **Surgical Patients**

Approximately how many hours per week will a student spend in: **Direct patient-facing clinical activities: _____ hours/week** **Telehealth patient encounters: _____ hours/week**
List all facilities where you intend to have the student accompany you during the rotation (specific hospitals, surgery centers, etc.). Butler University will secure necessary affiliation agreements with all sites you intend to have students accompany you, if agreements are not already on file.
Additional Site Name:
Contact Name:
Contact Title/Dept:
Contact Email:
Percentage of time spent on site____%
Additional Site Name:
Contact Name:
Contact Title/Dept:
Contact Email:
Percentage of time spent on site____%
Will students have direct involvement in patient care activities appropriate to their level of training? ☐ Yes ☐ No
Will students have opportunities to develop clinical reasoning, patient assessment, documentation, and management skills? ☐ Yes ☐ No
I understand that PA students should participate in patient care as active learners and be provided opportunities to achieve the learning outcomes outlined by the PA Program. ☐ Agree

Preceptor Responsibilities & Attestation

As a clinical preceptor for the PA Program, I understand and agree to:

- Provide appropriate supervision of PA students consistent with their level of education and demonstrated competence.
- Ensure patient safety and provide students with clinical experiences appropriate to the rotation objectives.
- Recognize that students are learners and will not be used as substitute staff or provide unsupervised patient care.
- Provide opportunities for direct patient care, clinical reasoning, and professional development.
- Offer feedback to students and complete required evaluations and program documentation in a timely manner.
- Maintain a professional, respectful, and inclusive learning environment.
- Notify the PA Program of concerns regarding student performance, professionalism, safety, or significant changes that may affect the clinical learning experience.

Attestation

I attest that the information provided is accurate and that I am willing to support the clinical education of PA students in accordance with program expectations. I will provide a safe and appropriate learning environment and supervise students in accordance with program policies and applicable professional standards.

Preceptor Name: _____

Signature: _____ **Date:** _____

Please return this completed form, a copy of your current or previous board certification (if applicable), a copy of your CV or resume (if available) to the Butler University Experiential Office (PAExperientialTeam@butler.edu or fax 317-940-9857)