



# New Preceptor/Clinical Instructor Information Form

## Clinical Training Site Information

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person and Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all that apply:

MUA  HPSA  RHC  CHC  FQHC  NHSC Site

## Preceptor Information

Name: (include credentials): \_\_\_\_\_

Specialty: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Board Certified: Yes  No  If yes, board certification? \_\_\_\_\_

**Please attach a copy of your curriculum vitae and medical license**

Other clinicians in your practice (MDs, NPs, PAs, CNM, etc). Please attach additional sheet if needed

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Willing to precept (Y/N): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Hospital Affiliation Information

Please list all hospital which have granted you privileges: Please attach additional sheet if needed

Name of Hospital: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

## Precepting Details

How long have you been in your current practice?

Please estimate the average number of your daily patient visits:

Please list all hospitals where you have privileges:

1.

2.

3.

Will you take the students with you into these facilities?

Please estimate the number of hospitalized patients you care for daily:

If there are any specific directions or unique expectations you would like to give the students assigned to your practice, please list here:

How far in advance of the clerkship would you like to hear from the student?

What is your preferred dress code? Business dress \_\_\_\_\_ Business dress w/ White coat \_\_\_\_\_

Scrubs \_\_\_\_\_ Scrubs w/White coat \_\_\_\_\_

Please check the types of students you are willing to teach:

Medical  Physician Assistant  Nursing  PT  OT  Pharmacy  Other: \_\_\_\_\_

How many students could you accommodate per clinical year? \_\_\_\_\_

How often would you like a student? Monthly  Quarterly  Occasionally

**Thank you for your interest in teaching students.**

If you have any questions, please feel free to contact

Tina Fulton, Health Professions Student Coordinator

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Please return form to Upstate AHEC

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