



# PRECEPTOR INFORMATION SURVEY

## 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): \_\_\_\_\_

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## Practice/Hospital Information

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  Nurse Practitioner  Other: \_\_\_\_\_

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

How often would you like a student? Monthly  Quarterly  Occasionally



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

If you have any questions, please feel free to contact

Preceptor Coordinator

Email: [info@sowega-ahec.org](mailto:info@sowega-ahec.org) • Phone: 229.439.7185

Please return survey to

**SOWEGA-AHEC**

**ATTN: Preceptor Coordinator**

**1512 W 3<sup>rd</sup> Avenue**

**Albany, GA 31707**

**[info@sowega-ahec.org](mailto:info@sowega-ahec.org)**