

## BUTLER UNIVERSITY PHYSICIAN ASSISTANT PROGRAM

### NEW PRECEPTOR FORM

Please enter your information in the spaces provided below. This PDF may be returned via email ([PAExperientialTeam@butler.edu](mailto:PAExperientialTeam@butler.edu)), fax 317-940-9857, or US postal mail (see address below). 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) in place with sites in which you practice.

Name of student making the rotation request (if applicable)				
Name of Preceptor				
Maiden Name/Previous Name (if applicable)				
Professional Designation:    MD    DO    PA    NP    Other- _____				
Medical License Number			Board Certified or Board Eligible?    Yes    No	
<i>Collaborating physician's first &amp; last name (PA and NP only)</i>				
<i>Medical License Number</i>			<i>Board Certified or Board Eligible?</i> Yes    No	
Primary Practice Site				
Private Practice		Affiliated Institution		
Street Address				
City		State		Zip
Phone Number			Mobile Number	
Preceptor E-mail Address				
Additional point of contact for Primary Practice Site (Office Manager, Administrator, Education Coordinator)				
Name				
Title/Dept				
Email				
Number of years you have practiced in your current specialty: _____				
Select Current medical specialty				
Emergency Medicine		Family Medicine		Internal Medicine
Mental Health		Pediatrics		Women's Health
				General Surgery
				Other _____
What percent of your practice is spent in each of these 4 settings?				
Out-Patient: ____%    In-Patient: ____%    Emergency Dept: ____%    Operating Rm: ____%				
What percent of your patient population falls into these age-related categories?				
Prenatal Care: ____%    0-18 years old: ____%    19-64 yrs old: ____%    65 yrs and older: ____%				
Number of patients you see in a typical day: _____				
Will students have access to medical texts, journals, etc., either in your facility or at the hospital:    Yes    No				

List all facilities where you ***intend to have the student accompany you during the rotation*** (specific hospitals, surgery centers, etc). BU will secure affiliation agreements if one is not already on file with our PA program. Please include a contact name and title, if available.

Site Name	
Percentage of Time spent on site: ____%	
Contact Name	
Contact Title/ Dept	
Site Name	
Percentage of Time spent on site: ____%	
Contact Name	
Contact Title/ Dept	
Site Name	
Percentage of Time spent on site: ____%	
Contact Name	
Contact Title/Dept	

1. Practice in accordance with the AMA's Code of Medical Ethics and/or another professional ethical code in alignment with the preceptor's profession, and meet legal requirements for the practice of medicine in the state in which you will practice when the student is in your charge.
2. Allow Butler PA Program Experiential Education Director, or designated representative, to make scheduled, on-site visits, as needed.
3. A complete description of preceptor responsibilities can be found in the Preceptor Manual at [www.butler.edu/cophs/pa-preceptors](http://www.butler.edu/cophs/pa-preceptors). These responsibilities include but are not limited to the following:
  - A) Conduct a mid-rotation evaluation with the student using the form provided by Butler PA Program.
  - B) Complete an end of rotation evaluation on the student through the program's automated system, eValue. Submit the evaluation no later than one week after completion of the rotation.
  - C) Provide the student with appropriate supervision and never allow a student to perform or order any intervention on, or provide any disposition for a patient before staffing the patient.
  - D) Student participation in clerical, administrative, and/or clinical activities may be required only if the primary purpose of the participation is to facilitate the educational process; students should not be utilized as a substitute for regular clinical or administrative staff.
  - E) Provide the student with access to the range of patient diversity and clinical settings available in your practice, including inpatient, outpatient, emergency department and the operating room, when appropriate.

I have read, understand, and accept the responsibilities of a Butler University PA Program preceptor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this completed form and a copy of your current CV (if available) to Butler University Experiential Team

For office use only:

AA-

Miles-