

Butler University Physician Assistant Program Preceptor Affiliation Form

Please respond to the following questions by placing your answers in the right-hand column. Return the completed form and, if available, a current CV, as an e-mail attachment to **PAExperientialTeam@butler.edu**, or you can fax the form to **317-940-9857**. If you have any questions related to the form, please email us at the above email address or call our office at 317-940-9507.

If you prefer, you may mail the completed form and your current CV to:
 Butler University- Physician Assistant Program
 4600 Sunset Avenue
 Indianapolis, IN 46208-3485

Questions	Answers
Name of student making the request: (if applicable)	
Name of Preceptor:	
Maiden Name (if applicable):	
Name of Practice:	<input type="checkbox"/> Private Practice or <input type="checkbox"/> Affiliated w/: _____
Address of Practice:	
City/State/Zip:	
Phone Number (with area code):	
Fax Number (with area code):	
Preceptor E-mail Address:	
Cell or Pager Number:	
Name of Practice Manager:	
Email of Practice Manager:	
Estimated # of miles your main practice is from Butler University:	
Your office's point of contact (for our PA program), if different from above: <i>Name/Email/phone number</i>	
Indicate your license type:	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Other– Please specify _____

Questions	Answers
If a PA or NP, what is the name of your supervising/collaborating physician?	
Indicate your medical specialty:	<input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Mental Health <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> General Surgery <input type="checkbox"/> Other– Please specify _____
Medical License Number:	
State(s) you are licensed in:	
Board Certified or Board Eligible? (Indicate Yes or No)	
Number of years you have practiced in your current specialty:	
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 at which you practice: (Yes or No)	
<p>List all facilities where you hold privileges <u>and intend to have the student accompany you during the rotation</u> (specific hospitals, surgery centers, etc). This is important so that we can secure affiliation agreements if one is not already on file with our PA program.</p> <p>If known, please provide the name and contact information of the individual or department that handles student placement/orientation paperwork at these facilities (i.e. Medical Education, HR).</p>	

I have read, understand and accept the responsibilities described in Section II (next page).

Signature: _____ Date: _____

Thank you for agreeing to serve as a Preceptor
for the Butler University Physician Assistant Program

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SECTION II: PRECEPTOR RESPONSIBILITIES

1. Provide the student with a structurally sound and safe facility in which to work. (This implies that the facility meets or exceeds all requirements of local building codes and is generally deemed habitable.)
2. Provide the students with a facility that endorses the general requirements of Standard Precautions and in which health care personnel practice in accordance with generally acceptable standards regarding the handling of sharp objects (blades, needles, etc) and potentially infectious materials.
3. 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 or exceed legal requirements for the practice of medicine in the state in which you will practice when the student is in your charge.
4. Provide opportunities for the PA Program Clinical Coordinator (or designated representative) to make scheduled, on-site visits as needed.
5. Abide by the rules and regulations of Butler University and the Butler University Director of Experiential Education for the PA Program, including but not limited to:
 - A) Conduct a mid-rotation evaluation with the student.
 - B) Complete an end of rotation evaluation on the student through the program's automated system, E*Value. Submit the evaluation no later than one week after completion of the rotation.
 - C) Providing the student with appropriate supervision and never allowing a student to perform or order any intervention on, or provide any disposition for, a patient before staffing the patient.
 - D) Never requiring students to perform clerical, administrative or personal work for you or your facility or using students to substitute for regular clinical or administrative staff. Note: Student participation in clerical, administrative, and/or clinical activities may be required if and only if the primary purpose of the participation is to facilitate the educational process.
 - E) Providing 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.