



Ursuline College
Physician Assistant Program

Preceptor Qualification Form

This form aims to qualify licensed healthcare professionals as preceptors for the Ursuline College Physician Assistant program.

PRECEPTOR/SITE INFORMATION

Preceptor Name/Credentials (MD, DO, PA-C, NP, CNM, etc., _____)

Preceptor Specialty: _____

Preceptor License Number: _____

Board Certified Yes No Eligible.

Name of Certifying Board _____

Certification Number (IF PA NCCPA Number) _____

Date of Birth: (Required to verify Board Certification) _____

Email Address: _____

Phone Number: _____

Office Contact Information

Name: _____ Email: _____

Address: _____ Phone: _____

Settings

Check all that apply:

Emergency Department

Outpatient Clinic

Operating Room/Surgery

Other _____



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Patient Populations (Check all that apply)

- Pediatric (Infant, Child, and adolescent) Adult Geriatric OB/GYN
 Prenatal/Postnatal New Patients Walk-Ins Returning/Follow-Up Patients

Other Hospital, clinic, or surgery center locations where the student may participate in patient care: _____

Typical weekly schedule for the student: (days and hours worked – e.g., M-F 8-5)

On Call expectations? Yes No

If so, is a call room available? Yes No

Please give further details of call expectations: _____

Will another preceptor assist with precepting or cover on days off? Yes No

What are the standard procedures the student may assist with/perform?

What are the most commonly seen disorders?

What is the average number of patients encountered daily by the preceptor? _____
Student? _____

Additional Learning Opportunities: Lectures Grand Rounds Projects Other



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Will the student have access to the following?

- Facilities** – Safe and secure environment, clinic workspace, area for personal belongings, etc.
- Patients** – history-taking, physical examinations, diagnostic interpretation, treatment planning, education
- Supervision** – preceptor verifies history-taking and physical exam, determines medical decision-making, and reviews any written notes by the student.
- EMR access for the student** – None Read Only Ability to document

Scheduling Preferences:

What is the number of students per rotation: _____

What is the number of students per calendar year: _____

Are you interested in being contacted for any other ways you can assist the PA program?

- Guest Lecture
- OSCE Proctor
- OSCE Patient

Medical Topics of Interest: _____



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Communications/Onboarding Information

Preferred method of communication? Email Phone Call Text

Contact for onboarding/Student Scheduling (Contact preceptor directly or designated office contact)?

Secondary Contact Name _____ **Phone** _____

Secondary Contact Email address: _____

Are there any facility-specific student requirements to be completed before the beginning of a rotation? (e.g., Applications, background checks, drug screenings?)

What resources or equipment should students bring with them?

What are the required reading assignments/topics students should review before the start of this rotation?

How can the students maximize their preparation for this rotation?

Any other information? _____

Program Use only below this line.

This clinical site meets the criteria for a SCPE site by ARC-PA and UCPA Standards

This clinical site does not meet the ARC-PA and/or UCPA standards.



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Date of Initial Review: _____

Faculty Signature: _____

Director of Clinical Education: _____

Medical Director: _____

Review Date: _____ **Faculty Signature:** _____

Review Date: _____ **Faculty Signature:** _____

Review Date: _____ **Faculty Signature:** _____

Review Date: _____ **Faculty Signature:** _____

Review Date: _____ **Faculty Signature:** _____

Preceptor Verifications:

State License

State: _____ License Number: _____ Expiration Date: _____

License verified as unrestricted: Yes No

Board Certification

MD/DO Board: _____ Certification # _____ Exp Date: _____

PA NCCPA #: _____ Exp. Date _____

***State license and board certification are validated during initial preceptor/site qualifications and verified before every rotation placement with a preceptor.*