# MUSC Physician Assistant Program - Preceptor Fact Sheet

| Name & Credentials of Preceptor: |
| Name of Practice or Institution: |
| Specialty or Discipline of Medicine: |
| Practice Phone Number: | Fax Number: |
| Practice Location Address: |

**Preferred Mailing Address (if different than above)**

**Preferred Preceptor Phone Number:**

**Preferred Preceptor Email:**

Preceptor Preferred Salutation:

**Typical Preceptor Office/Practice Hours:**

| Name of Office Manager or Administrative Contact: |
| Contact Title: | Phone: |
| Contact E-mail: |

1. How long have you been in your current practice?
2. Please estimate the average number of your daily patient visits: _______ Patients / Day
3. Please estimate the number of hospitalized patients you care for daily: _______ Patients / Day
4. Typical Student Hours: ____________________________________________________________
   *(Please list as a weekly total or list estimated daily schedule)*
5. Do you take Call? Yes___ No ___ Will you require the student to take Call? Yes___ No ___
6. Please briefly describe your patient population:
7. Is your medical community considered rural or medically underserved? Yes___ No ___
8. Please list all hospitals at which you have privileges and note if you will take a student to that location.
   Facility: ___________________________________________ Student Access? Yes / No
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9. If there are any specific directions or unique expectations you would like to give the students assigned to your practice, please list them here:


10. Who should the student contact prior to the start of the rotation?

   Name of Contact Person: ______________________________________________________

   Phone or Email of Contact: __________________________________________________
   (Please list the preferred method of contact)

11. How far in advance of the clinical rotation should the student reach out to the contact person?  
    ____________________________  (Default is 2 weeks)

12. Please list the names of the Physicians, PAs and/or NPs, or other licensed care providers in your office (or practice) who may share preceptor duties:  (do not list nursing or support staff)

13. What is the preferred dress code for the student?  (Place “x” next to that which applies)
   Business casual   ____
   Business casual w/ White coat   ____
   Dress shirt/tie for males   ____
   Scrubs   ____
   Scrubs w/White coat   ____

   *IMPORTANT: Please provide a copy of your CV and medical license when returning this sheet.

PRECEPTOR EMERGENCY INFORMATION

*Please note: This information will not be shared with students unless also provided above:

<table>
<thead>
<tr>
<th>Emergency Contact Info:</th>
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<tbody>
<tr>
<td>Preceptor Pager number:</td>
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