

University of Missouri- Kansas City
School of Medicine
Master of Medical Science in Physician Assistant Program

I, _____ (please print) have received and reviewed the Preceptor Orientation Handbook from the UMKC MMSPA program. I will provide copies to all clinical preceptors.

Clinical Site

Clinical Site Preceptor/Administrator

Date

Please return to Kathy Ervie via:

email –erviek@umkc.edu or

fax - #816-235-6517 or

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