Master of Medical Science Physician Assistant Program
Preceptor Profile

Preceptor Information

Preceptor Name:_____

Practice Specialty: _____

Practice/Office Name:_____

Address:_____

Office phone:_____ Fax : _____

Email: _____ Office hours:_____

Best way to contact you: _____

License Number: **State of Issue:** **Expiration Date:**

_____

Board certified? Y N **If so, what specialty?** _____
Please attach a current Curriculum Vitae (CV)

Please list below any Hospitals/Surgical Centers where you have privileges and where the student would have educational exposure.

_____

_____

_____

Number of students you feel you can personally precept **yearly:** _____

Months you **would not** be available to take a student: _____

Do you currently have or have you had any teaching/supervisory activities?
_____
Are there topics/ lectures/ clinical cases you would be interested in covering during the didactic year?_____
_____

Please complete the attached Preceptor/Practice Information Profile. This information is necessary to collect for ongoing program evaluation and accreditation.

Preceptor/Practice Information Profile

Total years in practice: _____
Total number of office/clinics in which you see patients: _____
Total number of long term care facilities in which you see patients: _____
Total number of hospitals in which you routinely see patients: _____

Practice Information

Organization (check all that apply):

___ Solo Practice
___ Hospital/Institutional Practice
___ Multiple Specialty Group
___ Partnership/Group Practice
___ Single Specialty Group
___ Government facility

___ Inpatient
___ Nursing Home
___ Rehab
___ Outpatient
___ Hospice
___ Other type of practice _____

Practice Site Information

Is your practice located in a Federally Designated Medically Underserved Area? Y N
If so please list the designation:_____

Community Information

Which describes the community setting in which your practice is located?
Inner city rural suburban urban

What is the approximate population of city/town where your practice is located?
_____
What is the racial/ethnicity mix of the population your practice serves? _____

Patient Profile

What is the approximate percentage of patients you see by age groups?
(Should equal 100%)

_____% Pediatrics (Newborn to 10 years)
_____% Adolescents (11-18 years)
_____% Adult (19-64 years)
_____% Geriatrics (65 years and older)

What is the approximate percentage of patients you see by gender? (Should equal 100%)

_____% Male
_____% Female

What is the approximate percentage of visits to your practice for the following categories? (Should equal 100%)

_____% Acute Visits
_____% Chronic disease visits
_____% Routine preventative exams
_____% Women's health
_____% Mental Health
_____% Geriatrics
_____% Other _____

Practice Profile

What is the appointment structure of your practice?

_____Appointment only
_____Same Day scheduling

What is the average # of patients you see per day? (circle appropriate response)

<10 10-20 20-30 30-40 >40

Do you take call? Y N

Does your facility have any of the following?

_____on site laboratory
_____X-ray
_____Procedure room
Other_____

What non-physician clinical staff members are employed in your office?

_____Physician Assistant
_____Nurse Practitioner or other Advanced Practice Nurse
_____R.N.
_____Other

Do you have other learners in your office? (check below) From which school?_____
(__Med Students) (__ Residents) (__Nurse Practitioner Students) (__ PA students) (__ Other)

Do you have electronic medical records in your office? Y N

If there are additional clinical members of your team interested in being a preceptor for UMKC PA Students, please fill out "Addendum A" and have each preceptor provide a copy of their CV.

Master of Medical Science Physician Assistant Program
Additional Preceptors at Clinical Site
(Addendum A)

Personal Data

Preceptor name:	License Number:	State of Issue:	Expiration Date:	Board certification?	What specialty?

Please have each preceptor provide a copy of their CV via email youngmari@umkc.edu or fax (816-235-6517).

Preceptor Information Profile

If there is any additional information specific to a particular preceptor, please include below: