

# Butler University Physician Assistant Program

## New Preceptor Form

Please enter your information in the spaces provided below. This PDF may be returned via email ([PAExperientialTeam@butler.edu](mailto:PAExperientialTeam@butler.edu)), fax 317-940-9857, or US postal mail (see address below). This form is not intended to be a contract, but a step in the process of becoming a Butler University PA Program preceptor required by accreditation. Once your information is received, we can begin the process of attaining Affiliation Agreement(s) in place with sites in which you practice.

Name of student making the rotation request (if applicable)										
Name of Preceptor										
Maiden Name/ Previous Name (if applicable)										
Professional Designation (select): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Other										
Medical License Number							Board Certified or Board Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preceptor Email Address										
Collaborating physician's first & last name (PA and NP only)										
Medical License Number							Board Certified or Board Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Practice Site										
<input type="checkbox"/> Private Practice		<input type="checkbox"/> Affiliated Institution								
Street Address										
City					State				Zip	
Practice Phone Number						Preceptor Mobile Number				
Additional point of contact for Primary Practice Site (Office Manager, Administrator, Education Coordinator)										
Name										
Title/Dept										
Email										
Number of years you have practiced in your current specialty: ____										
Select current medical specialty:										
<input type="checkbox"/> Emergency Medicine		<input type="checkbox"/> Family Medicine		<input type="checkbox"/> Internal Medicine		<input type="checkbox"/> General Surgery				
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Pediatrics		<input type="checkbox"/> Women's Health		<input type="checkbox"/> Other _____				
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?										
<input type="checkbox"/> Yes		<input type="checkbox"/> No								

**List all facilities where you intend to have the student accompany you during the rotation (specific hospitals, surgery centers, etc). Butler will secure affiliation agreements, if one is not already on file, with our PA program.**

**Additional Site Name**

**Contact Name**

**Contact Title/ Dep**

**Contact Email**

**Percentage of time spent on site: \_\_\_%**

**Additional Site Name**

**Contact Name**

**Contact Title/ Dep**

**Contact Email**

**Percentage of time spent on site: \_\_\_%**

**Additional Site Name**

**Contact Name**

**Contact Title/ Dep**

**Contact Email**

**Percentage of time spent on site: \_\_\_%**

- 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 legal requirements for the practice of medicine in the state in which you will practice when the student is in your charge.
- Allow Butler PA Program Experiential Education Director, or designated representative, to make scheduled on-site visits, as needed.
- A complete description of preceptor responsibilities can be found in the Preceptor Manual at <https://www.butler.edu/pharmacy-health/experiential/physician-assistant-preceptors/>. These responsibilities include but are not limited to the following:
  - A. Conduct a mid-rotation evaluation with the student using the form provided by Butler PA Program.
  - B. Complete an end of rotation evaluation on the student through the program's automated system, eValue. Submit the evaluation no later than one week after completion of the rotation.
  - C. Provide the student with appropriate supervision and never allow a student to perform or order any intervention on or provide any disposition for a patient before staffing the patient.
  - D. Student participation in clerical, administrative, and/or clinical activities may be required only if the primary purpose of the participation is to facilitate the educational process; students should not be utilized as a substitute for regular clinical or administrative staff.
  - E. Provide 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,

**I have read, understand, and accept the responsibilities of a Butler University PA Program preceptor.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Return this completed form and a copy of your current CV (if available) to Butler University Experiential Team**