The preceptor is an integral part of the teaching program at Gardner Webb University PA Program. Preceptors will serve as role models for the student and, through guidance and teaching will help students progressively develop the skills and clinical judgment necessary to become a practicing Physician Assistant.

Signing this letter of intent signifies your interest in providing clinical practice experiences for future students of the Gardner-Webb University Physician Assistant Program. Please provide the information about your practice and desired relationship. Thanks you for your willingness to provide a successful learning experience for our students.

Gardner-Webb’s Physician Assistant Studies students will not start clinical rotations until May of 2015. Rotation lengths vary from three to six weeks. The Director of Clinical Education will be accessible for any concerns, comments, or questions.

Signature ___________________________ Date __________________

DEMOGRAPHICS

Education:

Degree:  MD, DO, PA-C, FNP

<table>
<thead>
<tr>
<th>Degree</th>
<th>MD</th>
<th>DO</th>
<th>PA</th>
<th>MA</th>
<th>MS</th>
<th>BA</th>
<th>BS</th>
<th>Other</th>
</tr>
</thead>
</table>

Discipline: (Please mark all that apply to your practice)

- [ ] IM
- [ ] Surgery
- [ ] Mental Health
- [ ] OB/GYN
- [ ] FM
- [ ] Peds
- [ ] ER
- [ ] Subspecialty ____________________________
How many students would you be willing to precept from GWU each year? __________________________

Practice Specifics:
Types of patients the student(s) will see (MARK ALL THAT APPLY):

☐ Outpatient     ☐ Inpatient     ☐ Emergency Department     ☐ Surgery

Practice Flow
Average number of patients seen by you each day: ________/day
Usual hours worked per day:
  Monday _____    Tuesday _____    Wednesday_____
  Thursday_____   Friday _____    Saturday _____
  Sunday _____
Will you offer or expect to have the student be ‘on call’ with you? ☐ Yes ☐ No ☐ Offer ☐ Expect
If so, how often? __________/Week OR Month
Will s/he be expected to sleep in the hospital when on call? ☐ Yes ☐ No
Room available? ☐ Yes ☐ No
Will students have access to the Internet at your site while on this rotation? ☐ Yes ☐ No

Faculty Development Needs:
Please indicate the level of support you would need from the Physician Assistant Program:
☐ I have never precepted a student and will need a review of the expectations of me.
☐ I have precepted medical students and would like to know the difference in teaching PA students.
☐ I have a good understanding of what Physician Assistant students will be doing in practice and will offer a good combination of hands on and didactic instruction.
☐ I would like to have a site visit early in the rotation, once I have a student.

I would like some written material on:
☐ how to give effective feedback to students
☐ how to evaluate students.
☐ how to precept students in my busy practice.
☐ how to orient students to the practice.
☐ other _____________________________________________

Are there any other concerns or requests that you have for us? Please comment:

Are there any potential safety issues at your Location? ____________________________________________

Do you currently employ physician assistants? ☐ Yes ☐ No
Are you interested in lecturing to physician assistant classes during their didactic education? ☐ Yes ☐ No
If Yes, please indicate lecture interests/topics:

Please provide us copies of the following documents to facilitate this process:
1. Copy of Current Medical License
2. Copy of ABMS-/AOA-board specialty or NCCPA Certification
3. Curriculum Vitae

Please email, fax or mail completed form. Feel free to contact the Director of Clinical Education with any questions.

Heather Deibler, MS,PAS, PA-C, Director of Clinical Education
or Melissa Hamrick, Secretary
Off: (704) 406-2388 Fax: (704) 406-2370 or mail to PO Box 7252 Boiling Springs, NC 28017