



Idaho State University

Physician Assistant Studies

Phone: 208-282-2923

PRECEPTOR REQUEST RESPONSE SHEET CLINICAL YEAR 2022-2023

PLEASE RETURN THIS FORM TO

Email: obyrmay@isu.edu

Preceptor Name, Preceptor Email, Preceptor Phone Number, Preceptor Fax Number, Preceptor Birth Date, MD DO PA-C APRN checkboxes

Preceptor CV (Required) Attached Yes

Preceptor is available to precept students IN THE 2022-2023 CLINICAL YEAR? No Yes If yes, please indicate the total number of students you will precept during the clinical year?

Preceptor is available to precept during the following rotation timeframes (please check at least one or all that apply):

Table with 4 columns: Rotation Number & Date, Y/N, Rotation Number & Date, Y/N. Rows #1-#8 with Yes/No checkboxes.

Preceptor is available to precept students in the following subjects (please check at least one or all that apply):

Emergency Medicine, General Surgery, Internal Medicine, OB/GYN, Outpatient (FAMILY MED), Pediatrics, Psychiatry, Other: checkboxes

Preceptor Primary Location (main facility where preceptor sees patients):

Table with 6 columns: PRIMARY PLACE OF BUSINESS, Address, City, State, Zip, Phone, Name, title and email of Primary Contact (example: office manager)

Will this preceptor see patients at any other facility? Yes No

If YES, Page two of this document must be completed, as the student will have to be credentialed at all facilities.

FOR ISU USE ONLY: Verified by: Date: Spoke with:

(Form PR01032019)

IN ORDER TO SAVE YOUR EDITS TO FORM, RETITLE AND SAVE TO YOUR COMPUTER. THEN EMAIL NEWLY SAVED FILE TO obyrmay@isu.edu



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Additional facilities where preceptor sees patients (i.e., clinics, hospitals, nursing homes, etc)

Table with 5 columns: Additional Facility Name, Address, City, State, Zip, Phone. Multiple rows for data entry.

Additional Notes:

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