Yale University **Physician Assistant Online Program**
School of Medicine **Approval Form**

Preceptor Information

Name:		
Organization Name:		
Street Address:		
Mailing Address (if different):		
City:	State:	Zip Code:
Facility Phone:	URL:	
Type of Clinical Facilities: ☐ Outpatient Clinic ☐ Hospital ☐ Emergency Room ☐ Operating Room ☐ In-patient		
Medical License State Copy on File: ☐ Yes ☐ No (Note: All preceptors must be licensed)		
Board Certification: (if preceptor is a PA complete with supervising physician information) Area: Copy on File: ☐ Yes ☐ No (Note: All preceptors must be board certified.)		
NCCPA Certification: NCCPA Number: Copy on File: ☐ Yes ☐ No (Note: All PAs must be board certified.)		
Curriculum vitae: Copy on File: ☐ Yes ☐ No		

Primary Point of Contact

Name:	Title:
Office Phone:	Fax:
E-mail:	

Practice Based Learning and System Based Practice Opportunities

Medical Teaching Experience	☐ PA Students ☐ Residents ☐ Medical Students ☐ None ☐ Other:
Teaching Activities	☐ None ☐ Daily rounds ☐ Team Meetings ☐ Daily conferences ☐ Other:
Requests Continuing Medical Education Credits (CME credits are *only* available to Physician Assistants who precept our students)	☐ No ☐ Yes

Entered into database ☐ Yes ☐ No

Preceptor Approval

_____   _____
Yale Representative Date

Approved for the following rotations:
☐ Internal Medicine ☐ Primary Care ☐ Behavioral Medicine ☐ Pediatrics ☐ General Surgery

☐ Women's Health ☐ Emergency Medicine ☐ Elective: