Preceptor Program Reporting Form & Evaluation
Northwestern University PA Program
Clinical Year: June 04th, 2018 to April 26th, 2019

Reporting Form – Please return this to us by June 4th, 2018 if you wish to receive AAPA CME credit

Your Name and credentials: ________________________________

Name of clinic or hospital: ________________________________________________

How many hours did you precept during the clinical year shown above? ___________

Did you precept more than one student at a time? (Circle one) Yes No

If so, how many students did you precept simultaneously? _____________

Evaluation Form
Please complete the following evaluation form. Your written comments are greatly appreciated. For the purposes of this survey, please think about your experience as a clinical preceptor and the self-reflective processes associated with clinical teaching of PA students. This might include observing growth in a student’s knowledge, skills and professionalism following your interactions with them or soliciting and analyzing student feedback to improve your own clinical knowledge, skills, and interpersonal relations.

1. What was your overall opinion of the CME activity related to clinical precepting? (Please circle one)
   Excellent Good Satisfactory Poor

2. What aspects of clinical precepting did you find most valuable to your continued development as a PA?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. What aspects of clinical precepting did you find least valuable to your continued development as a PA?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
4. Do you have specific suggestions as to how the preceptor program might be improved?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. Would you participate in this CME activity again?     Yes     No

6. Would you recommend clinical precepting to a colleague?     Yes     No

Thank you for taking the time to share your thoughts with us.

Return this form to:
Elana A. Min, PhD, PA-C
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By 06/03/19 in order to receive AAPA Category 1 CME credit: