Preceptor Program Reporting Form & Evaluation
Arcadia University Physician Assistant Program
Clinical Year

Reporting Form – you must return this to us by [April 30th] if you wish to receive AAPA Category 1 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:
Lisa Murphy, PA-C ([Murphyl@arcadia.edu](mailto:Murphyl@arcadia.edu))
OR
Liz Masten, PA-C ([Mastene@arcadia.edu](mailto:Mastene@arcadia.edu))

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