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:  
Jaime Shaffer, PA-C shafferj@arcadia.edu by April 30th  in order to receive AAPA Category 1 CME credit