

ORPCE Preceptor Profile – Southern Regional AHEC

Name: NC Medical License #: _____	<input type="checkbox"/> W-9 on file (required tax form) <input type="checkbox"/> Pay Practice Tax ID # _____ <input type="checkbox"/> Pay Preceptor <input type="checkbox"/> No Pay (Payment for teaching included in salary) Social Security Number: _____
Practice Name:	Home Address (if you would like payments mailed to home)
Phone:	Fax:
E-mail:	Pager:
Preferred Method of communication:	Best person to contact for placements: Name/Title: Phone: E-mail:
Degree:	Specialty: _____ <input type="checkbox"/> Board Certified
Alma Mater:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Teaching experience: <input type="checkbox"/> How many years have you precepted students? _____ <input type="checkbox"/> How many students have you precepted? _____	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> American Indian <input type="checkbox"/> Other
Technology competencies: <input type="checkbox"/> Computer with internet access/searches <input type="checkbox"/> AHEC Digital Library <input type="checkbox"/> Electronic Medical Records (EMR) <input type="checkbox"/> PDA (Type: _____) <input type="checkbox"/> PDA Medical Software (Types _____) <input type="checkbox"/> Other: _____	Number of patients seen per day: Community service opportunities for students:

Student Preferences:

Student Type	School	Length of Rotations
<input type="checkbox"/> Will accept Med, NP or PA <input type="checkbox"/> Medical <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Pharmacy <input type="checkbox"/> Mentor High School	<input type="checkbox"/> Any school <input type="checkbox"/> Duke <input type="checkbox"/> ECU <input type="checkbox"/> UNC-Chapel Hill <input type="checkbox"/> UNC-Charlotte <input type="checkbox"/> UNC-Greensboro <input type="checkbox"/> UNC-Wilmington <input type="checkbox"/> Wake Forest University (Bowman Gray) <input type="checkbox"/> Other _____	<input type="checkbox"/> Any length is okay <input type="checkbox"/> 1 – 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 1 day/week for a semester (NPs)

Special Instructions:

Work Schedule: Full time Part time _____

Max number of student rotations per month: _____ or per year: _____

Other comments: _____

*** Please attach a CV or resume if available.**

Thank you for taking the time to complete this profile.

Date completed: _____

Revision date: 01/15/03