Preceptor Profile

In accordance with Standards 3 and 37, all preceptors at all clinical sites involving either patient care or observation-only experience need to be listed in the Preceptor Directory for the Annual Report. Please ensure that you have included all preceptors who are supervising your students at all clinical sites.1

Is/Was Preceptor active for the reporting year?

Yes

No2

Name:

**First Name**

**Last Name**3

Credentials: (list all heath care credentials)

****4

Email

****5

Health Care Profession: (Check all that apply)

Athletic Trainer

Chiropractor

Dentist

Emergency Medical Technician

Medical Doctor

Nurse Practitioner

Nutritionist

Occupational Therapist

Optometrist

Orthotist

Osteopathic Doctor

Paramedic

Pharmacist

Physical Therapist

Physician Assistant

Podiatrist

Prosthetist

Psychologist

Registered Dietitian

Registered Nurse or Social Worker

Radiologist

N/A6

Site: (If site is not listed- return to Clinical Site Profile and add site)

****

****7

BOC Certification #:

**** If no BOC number, please enter N/A8

 **State Credential #: (includes AT, PT, MD, etc...)**

Required response for Professional programs (Optional for Post Professional programs)

|  | **STATE** | **PROFESSION** | **CREDENTIAL #** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Preceptor Training: (most recent training date) \*All preceptors must be trained.

****10

Maximum Number of Students this Preceptor Supervises at any given time:

****11

Highest Degree Earned; Year Highest Degree Earned: Years of Work Experience:

Associates

Bachelors

Masters

Doctorate

MD

Other12

Sex

Male

Female

Transgender13

Race/Ethnicity

Hispanic/Latino of any race

American Indian or Alaskan Native, not Hispanic/Latino

Asians, not Hispanic/Latino

Black or African American, not Hispanic/Latino

Native Hawaiian or Other Pacific Islander, not Hispanic/Latino

White, not Hispanic/Latino

Two or more races

Do Not Know