



***Preceptor Program Reporting Form & Evaluation***

**Macon and Joan Brock Virginia Health Sciences at Old Dominion University  
Eastern Virginia Medical School Physician Assistant Program  
Clinical Year: May 20, 2024-May 9, 2025**

**Reporting Form** – *you must return this to us by July 9, 2025 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? (*Yes or 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 select one)

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4. Do you have specific suggestions as to how the preceptor program might be improved?

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5. Would you participate in this *CME activity* again?

6. Would you recommend clinical precepting to a colleague?

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