

Preceptor Request for Health Professions Student Rotation

-Form Guide-

The purpose of this form is to collect all necessary information for the Graduate Medical Education (GME) Manager to approve or deny rotations. This is not an agreement between the GME department and any applying preceptor. In order to ensure your request is not delayed, please review the information below to ensure your form is as complete and accurate as possible before submitting.

Preceptor Information

Preceptor

Medical Staff member who is *primarily* responsible for the trainee; *Per Legacy policy, the preceptor may designate another qualified medical staff member(s) to serve as preceptor in his/her absence.*

Preceptor Email

Email address to receive correspondence from Legacy Health, trainee's school or trainee regarding the rotation. *Please note: Email will not be shared with others in Legacy or used for purposes other than those related to trainee education.*

Preceptor Phone

Best phone number to reach preceptor.

Please note: This number may be shared with nursing, administrative or other clinical staff that have a need to contact the preceptor regarding the trainee.

Accredited Institution/Trainee Information

Office Manager Name (or alternative contact person if applicable)

Contact information for an administrative individual associated with the preceptor who may be able to help facilitate the trainee rotation.

Name of Accredited Institution

Home institutions must be accredited by the accrediting organization appropriate for the academic program (i.e., LCME, AOA, CODA, ARC-PA, APA, CoA-OMP).

Contact Person at Trainee's home institution

The GME department may need to follow up with a trainee's home institution. Please include contact information for a designated medical education coordinator.

Trainee Level

Please indicate the **level of training this trainee will be at the time of the proposed rotation**

Example: a medical student enrolled in his/her 3rd year of medical school would be considered a MS-3 trainee level.

Rotation Information

Rotation Dates

Date the rotation will start and when it will end.

*Please note: Requested dates **may not** be available.*

Rotation Name

Specifically describes the medical specialty (e.g., Pediatric Hematology Oncology versus Pediatrics).

Rotation Type

Describes whether the rotation will be inpatient/outpatient or a combination. This information helps the GME office determine what Epic training modules (if any) will be needed for the trainee.

Primary Legacy Sites

The GME department needs to know where you will be bringing the trainee for accurate reporting on the housestaff report.

Rotation Goals and Objectives

Please describe at least two specific educational goals with learning objectives and desired outcomes (may attach curriculum instead).