



**Department of Community & Family Medicine  
Medicine & Society Unit I – Clinical Skills Development**

**Fall Preceptorship Program  
September 3 to October 22, 2019**

**PRECEPTOR RESPONSE FORM (Please fill in all information)**

**Participation**

- I *will* participate in the Preceptorship Program (8 weeks hands on learning), for the 2019 fall semester.
- I understand that my assigned student is expected to interview and obtaining vital signs for at least **eight patients**. \_\_\_\_\_ **Initial**
  - I understand that my assigned student is expected to contribute to writing some parts of the SOAP note for at least **five patients** seen during the preceptorship. \_\_\_\_\_ **Initial**
  - I understand that my assigned student is expected to complete an oral case presentation to me during the preceptorship. \_\_\_\_\_ **Initial**
  - I understand that my assigned student is expected to submit a **written case report** to the Course Coordinator for **one patient** seen during the preceptorship. I will assist the student in selecting an appropriate patient \_\_\_\_\_ **Initial**
  - I understand that I must submit an evaluation for my assigned student within two weeks \_\_\_\_\_ **Initial**
- I *will not* participate in the Preceptorship Program for the 2019 fall semester.

**Preceptor Information**

**Print Name:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Medical Specialty:** \_\_\_\_\_

**Number of students you will accommodate:** \_\_\_\_\_

**Complete address/information where STUDENT will report for preceptorship.**

**Department/Institution:** \_\_\_\_\_

**Name of office manager:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

***The allocated time is Tuesday between 1PM-5PM (at least 3 hours). Please list alternative afternoons and times if necessary.***

**Day(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Please return this form to: Mrs. Vanessa Stroman Segears via scan to [ystroman@howard.edu](mailto:ystroman@howard.edu)**

**>>>>Telephone: 202-806-4549**