

CLINICAL PRECEPTOR APPLICATION

Full Name _____
 First **Middle** **Last** **Title** (e.g. MD, DO, PA-C, ARNP, Psychologists, Therapist, Midwife)

Office Telephone _____ Fax _____

Legal Name of Practice _____

Practice Address _____
 Street City State Zip

County _____ E-mail _____

Name of Student for Placement _____

Please write N/A if not applicable

1. Has your license to practice medicine in any jurisdiction ever been suspended or revoked? YES NO
 2. Have your hospital privileges ever been suspended, diminished revoked or not renewed? YES NO
 3. Has your narcotic license ever been suspended? YES NO
 4. Have you had any medical liability actions brought against you within the past 5 years? YES NO
 5. Have any professional complaints been placed against you with the Florida Department of Health Medical Quality Assurance Licensing Board or any other state, national or territorial licensing entity? YES NO
- 5B. Is the case Settled Pending YES NO

If you checked yes to any of the above questions, please provide explanation and or documentation.

***Please forward a copy of the following items with your application:**

1. State License/Registration
2. Curriculum Vitae or Résumé
3. Evidence of Professional Liability Insurance
4. Proof of Board Certification

As a Clinical Preceptor at Barry University, I agree to abide by the by-laws of the Medical and Administrative Staff and by such rules and regulations as may be subsequently enacted. Moreover, by applying for an Clinical Preceptor appointment, I am giving written consent for Barry University to contact any organization or individual listed on this application or curriculum vitae. Further, I agree that I will not hold responsible Barry University or those contacted should my application be denied due to information received from said organization or individual. I fully understand that any false statement in or omission from this application constitutes cause for rejection and/or dismissal from the clinical preceptor.

Clinical Preceptors are not employees of the University, but rather are volunteers willing to assist the University in the professional development of high quality health care providers, and shall be without entitlement to compensation or benefits for the appointed party.

Signature _____ **Date** _____

Please email (preferred) or fax this application along with any questions or concerns to the Clinical Education Office to any of the following contacts:

Miami Campus: Evelyn Garcia

Email: evgarcia@barry.edu

Phone: 305-899-4903

Fax: 727-341-3467

St. Petersburg Campus: Stacey Gaeta

Email: sgaeta@barry.edu

Phone: 727-302-6607

CLINICAL SITE QUESTIONNAIRE

Board Certified in (please select ALL that apply):

- General Surgery Internal Medicine Family Medicine Psychiatry (Behavioral Health)
 Pediatrics Women's Health Emergency Medicine

Other Board Certification _____

If you are a PA or NP, what specialty do you practice _____

If you are a PA, NP please list the name(s) and license number of the MD/DO who will assume ultimate responsibility for the student being trained

Practice Type: Solo Practice Group Practice Hospital Based Practice Other _____

Office Personnel (please select ALL that apply): Office Manager LPN RN ARNP
 PA-C MD/DO Lab/X-Ray Tech Other _____

Is there a medical library available for student use? Yes No

List primary hospitals or outpatient centers where you are clinically active and the students will participate in patient care with you and how often you go to each.

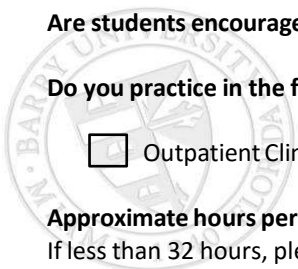
1. _____ Approximate hours per week _____
2. _____ Approximate hours per week _____
3. _____ Approximate hours per week _____
4. _____ Approximate hours per week _____

Are students encouraged to accompany you on hospital rounds? Yes No

Do you practice in the following settings (please check ALL that apply):

- Outpatient Clinic Inpatient (Hospitalized Patients) Emergency Room Operating Room

Approximate hours per week 32 or less hrs./wk. 32-40 hrs./wk. 40+ hrs./wk.
If less than 32 hours, please explain – provide schedule



Will the student (Check all that apply):

- See patients in nursing home or other long term care facility
- Be on call with the preceptor?
- Work weekends?
- Perform procedures?
- Assist in surgery?
- Dictate medical records?
- Does your facility have an office laboratory?
- Do the students need to speak Spanish?
- Does your facility have Electronic Medical Records?

Will the student(s) see (check all that apply):

- Prenatal
- Infants: Age < 1 Year
- Children: Age 1 - 10 Years
- Adolescents: Age 11 - 17 Years
- Adults: Age 16 - 64 Years
- Geriatric: Age > 65 Years

Students should report to:

Name _____ Title _____

Location _____

Time _____ AM PM Phone _____ E-mail _____

Correspondence to your office should be directed to:

Name _____ Title _____

Address _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Additional comments, concerns, or information: _____



In order to maintain compliance with University, Program and accreditation agencies, the documents listed below must accompany this application. Preceptor application can not be processed without them.

Thank you for your assistance.

1. State License/Registration
2. Curriculum Vitae or Résumé
3. Evidence of Professional Liability Insurance
4. Proof of Board Certification



**Thank you for your willingness to mentor our clinical year students.
We have two campuses; Miami Shores and St. Petersburg.**

- Our students may be mentored by medical professionals holding the following degrees: **MD, DO, PA-C, ARNP or Midwife.**
- Often one doctor will be the preceptor of record, but may **assign** the student(s) to other practitioners in the site/practice, so the student does not always have to be with the same preceptor.
- The clinical year consists of **8 six-week rotations** in family medicine, internal medicine, woman's health, pediatrics, behavioral health, emergency medicine, surgery and a student elective of their choice.
- A student's rotation schedule matches that of their mentor(s)/preceptor(s) and usually is 40 hours a week, but they may work up to 60 hours a week. Students may also work **weekends or evenings** as required by the particular medical practice.
- Preceptors do **not** have to commit to every rotation. We will always consult with you **before** scheduling a student with your practice.
- The clinical students have successfully **completed** the didactic portion of the curriculum.
- We provide our students with their own **liability insurance** coverage under Barry University.
- All of our students undergo two complete criminal **background checks**, one upon entering the program and the second prior to starting the clinical rotation year.
- All of our students are required to maintain valid and up-to-date **immunizations**, including PPD.
- All of our clinical students have been certified in **BLS, ACLS and PALS.**
- All of our clinical students received training in **HIV, HIPAA, OSHA, Domestic Violence, and Prescriptive Practice.**
- The program assures the students scholastic standing by providing a **Letter of Good Standing** for each student.
- Preceptor(s) are given the status of **Clinical Preceptor of Barry University.**
- The preceptor(s) receive **CME I or II depending on whether MD, DO, PA-C.**
- Upon request, preceptors have free access to the **Primary Care Review Conference** and to our extensive **electronic library databases.**