Preceptor Program Reporting Form & Evaluation
University of Pittsburgh
Clinical Year: March 30, 2020 – March 29, 2021

Reporting Form – you must return this to us by March 29, 2021 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? (Circle one)  Yes  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 circle one)

   Excellent  Good  Satisfactory  Poor

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?

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

5. Would you participate in this CME activity again?  
Yes  No

6. Would you recommend clinical precepting to a colleague?  
Yes  No

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

Return this form to Aileen Brasacchio amb001@pitt.edu by March 29, 2021 in order to receive AAPA Category 1 CME credit.