



PRECEPTOR / CLINICAL INSTRUCTOR REFERRAL FORM

REFERRAL INFORMATION PROVIDED BY:

Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Relationship to person being recommended: _____

Please provide as much information as possible below. Thank you for making this recommendation!

PRECEPTOR INFORMATION

Salutation: _____ Last Name: _____ First Name: _____

Title: _____ Specialty: _____ Board Certified: Yes No

Phone: _____ Email: _____

▪ Preferred method of contact: Phone OR Email

PRECEPTING DETAILS

▪ Would they prefer a student with a particular medical background or specialized training?

MD: DO: PA: NP: Other: _____

▪ Have their patients and staff previously worked with students? Yes No

▪ Would a student be permitted to examine patients in their practice under their supervision?

Yes No

Thank you for referring this individual for our Preceptorship Program. If you or the person you have recommended have any questions regarding this form please contact:

Whitney Willis, Foothills AHEC Preceptor Coordinator

email: Whitney.Willis@nghs.com ▪ Foothills AHEC office: 770-533-6866

**Please return form to Foothills AHEC at your earliest convenience
by fax: 770-533-9893 • email: whitney.willis@nghs.com
or mail: 700 South Enota Drive, Suite 102, Gainesville, GA 30501**