

# EASTERN

## MICHIGAN UNIVERSITY

PHYSICIAN ASSISTANT PROGRAM

### Letter of Intent

I am interested in partnering with Eastern Michigan University's Physician Assistant Program to provide physician assistant students opportunities to obtain clinical practice experience by serving as a clinical preceptor. I realize that this is a preliminary request to identify potential sites for clinical practice experiences. I understand the program will contact me with more information.

Preceptor Full Name: \_\_\_\_\_ ☐ PA-C ☐ MD ☐ DO ☐ Other: \_\_\_\_\_

If Applicable, Name of Supervising Physician: \_\_\_\_\_

Practice Specialty: \_\_\_\_\_ Name of Practice: \_\_\_\_\_

Practice Setting(s): ☐ Outpatient ☐ Inpatient ☐ Emergency Dept. ☐ Operating Room  
☐ Mental Health ☐ Other: \_\_\_\_\_

Patient Demographics: ☐ Infants-Adolescents ☐ Adults ☐ Elderly ☐ Prenatal/Women's Health

Practice Mailing Address: \_\_\_\_\_

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

If Applicable, List Other Facilities Where Students may Go: \_\_\_\_\_

Have you Ever Taught Students in the Clinical Setting? ☐ Yes ☐ No

For non-PA providers, Have you Previously Worked with a PA? ☐ Yes ☐ No

Preferred Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date