



## Prospective PA-C Preceptor Contact Form

Thank you for your interest in becoming a Clinical Preceptor. Please fill out the following information. You will receive a response to your request from the selected Program(s) shortly.

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PA Name \_\_\_\_\_

Specialty /Area of Practice \_\_\_\_\_

Clinical Practice Name \_\_\_\_\_

Address/Location of Clinical Practice \_\_\_\_\_

Years in clinical practice \_\_\_\_\_

Have you served as a clinical preceptor before? \_\_\_\_ yes \_\_\_\_ no

Email address \_\_\_\_\_

Cell phone number \_\_\_\_\_ Office phone number \_\_\_\_\_

Best number to contact \_\_ Cell \_\_ Office Best time to contact \_\_\_\_\_

Florida Program you wish to affiliate with (check all that apply):

Barry University:

Miami

St. Petersburg

St. Croix

Florida Gulf Coast University (Ft. Myers)

FIU (Dade)

Keiser/Ft. Lauderdale

Miami-Dade College

Nova Southeastern University:

Davie/Ft. Lauderdale

Ft. Myers

Orlando

Jacksonville

South University (Tampa)

University of Florida (Gainesville)

Please return form to FAPA Headquarters by email to [jclark@kmgnet.com](mailto:jclark@kmgnet.com) or fax to 407-774-6440.