

## OAFP FOUNDATION VOLUNTEER PRECEPTOR FORM



Yes, I'm interested in precepting a medical student for the OAFP Foundation's summer Leroy A. Rodgers, MD, Preceptorship Program!

### PRECEPTOR INFORMATION

Physician Name: \_\_\_\_\_

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

Special Interests/Expertise (i.e. sports medicine, OB care, geriatrics, etc.): \_\_\_\_\_

\_\_\_\_\_

Affiliations, if applicable: \_\_\_\_\_

How many students per summer are you willing to host (rotations are 4 weeks per student)? \_\_\_\_\_

Any special requests/considerations for medical student? (i.e. medical student that is fluent in Spanish):

\_\_\_\_\_

### PRACTICE INFORMATION

Practice Name: \_\_\_\_\_

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

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

Practice Type: \_\_\_\_\_

Is your practice a Federally Qualified Health Center?      Yes      No      Not Sure

Is housing available for the student?      Yes      No      If yes, is it independent or shared? \_\_\_\_\_

Practice Coordinator (someone other than physician that may handle clinical rotations for the practice):

Coordinator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Coordinator Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Form Submission:

Please return this form to Kaitlin McGuffie at [kmcguffie@ohioafp.org](mailto:kmcguffie@ohioafp.org) or fax to 614-267-9191.