
Preceptor Program Reporting Form & Evaluation

University of Saint Francis

Clinical Year: 2025-2026

Reporting Form – *you must return this to us as soon as possible if you wish to receive APA Category 1 CME credit*

Your Name and credentials: _____

Name of clinic or hospital: _____

Email you wish to have your CME certificate sent to: _____

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?

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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 Kaitlin Brown via email at ksbrown@sf.edu

By this date in order to receive AAPA Category 1 CME credit:

December 31, 2026

Mission Statement

- The Physician Assistant Program impassions a diverse community of lifelong learners to become academically and professionally competent, service-oriented, and patient-centered clinicians capable of caring for individuals in a variety of medical settings.

Vision Statement

- The Physician Assistant Program aspires to cultivate an interactive, collaborative, and service-centered community capable of fostering enhanced clinical reasoning and critical thinking skills through innovative and evidence-based practices.

University of Saint Francis has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit to eligible PA preceptors. Preceptors may be awarded 2 CME credits per student per weeks of clinical teaching, without limit. Approval is valid from 3/1/2025 to 12/31/2026. AAPA reference number: CME-2013096.

CME Disclosure Form

All persons who may impact the content of a CME activity, including faculty and planners, are required to fully disclose current and recent financial relationships with commercial interests. A conflict of interest may be considered to exist if such a person has financial relationships with the grantor or any **non-eligible entities** (commercial interests) that may have a direct impact on the content of the program. Financial relationship is defined as being a shareholder, consultant, grant recipient, research participant, employee, and/or recipient of other financial or material support. Recent is defined as within the past 24 months. The participants in this CME activity must be made aware of any such financial relationship(s).

This disclosure policy is intended to protect all parties involved from any potential conflict of interest that may arise.

Session Title: _____ Date: _____ Time: _____

Do you intend to discuss any unapproved/investigational use of a commercial product/device during this educational activity?

No Yes (If yes, disclosure to the audience is required.)

I attest that my presentation will provide a balanced view of therapeutic options and will be entirely free of promotional bias.

No Yes

Non-declaration Statement

I, _____, declare that I do not have a current financial relationship with the grantor and/or any **non-eligible entities** (commercial interests) that may have a direct interest in the subject matter of the CME program.

Signature: _____ Date: _____

Declaration Statement

I, _____, currently have a financial relationship with the grantor and/or **non-eligible entities** (commercial interests) that may have a direct interest in the subject matter of the CME program.

Financial Relationship

Name of Commercial Interest

Honorarium _____

Consultant _____

Other Financial or Material Support _____

Speaker's Bureau _____

Employee _____

Other _____

Signature: _____ Date: _____