Clinical Preceptor Program
Application and Information Sheet
Spring, 2010

The Clinical Preceptor program is designed to give pre-medical students experience with physicians on an observation basis only. Students will have the opportunity to spend half a day a week for ten consecutive weeks with one of the participating physicians. The physicians who have volunteered their time to Weber State University pre-medical students are from various specialties; this allows students to request what type of physician they’d prefer to shadow. However, the number of physicians is limited and therefore not all requests can be met.

For this same reason, the number of openings for students is restricted to 10. Consequently, qualified students will be filling positions based on a first-come, first-served basis. Both the quality of the application and the flexibility of schedule will be considered. Requirements for application are below. For participation in the Preceptor Program Spring, 2010, please submit a complete application to the pre-Med Secretary, Susan Himelright (SL 229) by December 4th, 2009. We won’t have the time to find you if your application is incomplete. Incomplete applications can’t be evaluated for acceptance into the program!!! If you have any questions, please contact:

Andrew Hale
andrewhale@mail.weber.edu
801-725-0246

Matt Agee
magee@me.com
801-920-3271

E-mail is the preferred method of contact.

To be considered for the Program, you:
1. Need to be a Pre-medical student of at least Junior status.
2. Have a Cumulative GPA of 3.2 or higher.

A complete application includes:
1. Your most recent WSU transcript (unofficial is fine).
2. The attached Worksheet.
3. The attached course summary sheet.
4. Contact information (especially email address!) and student ID# so we can register you.

If accepted into the Clinical Preceptor Program, the applicant must:
1. Obtain and/or provide proof of immunizations to Dr. Trask (MMR, Tetanus/Diphtheria, Hepatitis B, Tuberculosis).
2. Attend etiquette seminar/hospital orientation (Date TBA).
3. Sign a Confidentiality Agreement.
4. Agree to wear a geeky name tag!

To receive credit for your participation, by the end of the semester you must:
1. Complete at least 40 hours of shadowing over the course of the semester.
2. Write and hand in (to Dr. Trask) a two-page typed essay, detailing your experience. Include your evaluation of the experience’s value toward your medical school application, any impressions you might have taken away and any problems you encountered.

Please remember that good writing skills are essential to the practice of medicine, and essays will be assessed accordingly!

1 Applications are subject to evaluation
Clinical Preceptor Program Application Worksheet

Name: _____________________________

GPA: ______________________________

Major (not “Premed”): _____________________________

Credits requested in: Zoology/Microbiology/Clinical Lab Sciences (Circle one)

Phone No.: _____________________________

E-mail address: _____________________________

W number _____________________________

What type of Physician would you prefer to shadow? (Your choice cannot be guaranteed. If your choice of subspecialty is inflexible, we strongly suggest that you make your own arrangements for shadowing.)

First choice: _____________________________

Second choice: _____________________________

Please include (below) the days and time you will be able to participate:

Mondays: _____________________________

Tuesdays: _____________________________

Wednesdays: _____________________________

Thursdays: _____________________________

Fridays: _____________________________

Note: You are responsible for contacting the Clinical Preceptor Coordinators regarding any change in your availability (e.g., due to changes in your class schedule). Failure to inform us of such changes may result in your inability to participate in the Clinical Preceptor Program.

Any comments? Use the space below: _____________________________