FRANKLIN PIERCE UNIVERSITY PHYSICIAN ASSISTANT PROGRAM
CLINICAL ROTATION AVAILABILITY 2012

Preceptor Name ___________________________________________ MD  DO  PA  NP  Other ______
(circle one)

Clinical Site ____________________________________________________________

Address ________________________________________________________________

Phone ___________________________ Email _________________________________

Practice (circle one):

FM  IM  EM  Pediatrics  Women’s Health  Psychiatry  Surgery

Other: ____________________________________________________________________

The number of students I am willing to take during the year ______

I am available to take students during the following dates (check all that apply):

1  January 3 – January 27, 2012       (4 weeks)  □
2  January 30 – February 24, 2012     (4 weeks)  □
3  March 19 – April 20, 2012          (5 weeks)  □
4  April 23 – May 25, 2012            (5 weeks)  □
5  June 11 – July 13, 2012            (5 weeks)  □
6  July 16 – August 17, 2012          (5 weeks)  □
7  September 10 – October 12, 2012    (5 weeks)  □
8  October 15 – November 16, 2012     (5 weeks)  □
9  January 3 – February 1, 2013       (4 weeks)  □

PLEASE RETURN FORM TO:
Pam O’Brien, Program Coordinator
Franklin Pierce University
Physician Assistant Program
24 Airport Rd, Suite 19
West Lebanon, NH 03784

Fax: 603-899-4207
Phone: 603-298-6617
Email: ObrienP@franklinpierce.edu

Thank You!