



Letter of Interest

Please provide ALL information in this fillable .pdf form, or legibly print and scan to return. SIGN, Date, and e-mail this Letter of Interest to: [PAClinicalTeam@franklinpierce.edu](mailto:PAClinicalTeam@franklinpierce.edu).

- I am interested in **supervising clinical practice experiences** for PA Students in the MPAS Hybrid Program.
- I am interested in being an **Advisory Board Member** for the MPAS Hybrid Program.
- I am interested in being a **Guest Lecturer** for the MPAS Hybrid Program.

Name, Degree: \_\_\_\_\_ Certifying Board: \_\_\_\_\_  
Specialty:  Family Medicine  Emergency Medicine  Internal Medicine  Surgery  Pediatrics  
 Women's Health (OB/Gyn)  Behavioral / Mental Health  Other: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office: \_\_\_\_\_

If PA-C, Name of Supervising Physician, Degree, and Specialty: \_\_\_\_\_  
Supervisor E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- I understand that full rotations are five (5) weeks in duration.
- I am interested in supervising clinical practice experiences for \_\_\_\_\_ students per academic/cohort year.

Student Experience Setting (check all that apply):  Outpatient  Inpatient  Emergency Department  
 Operating Room  Other (specify) \_\_\_\_\_

Student Encounter Types (check all that apply):  Acute  Chronic  Preventive  Emergent

Student Involvement with Patient Population (check all that apply):  Infant (0-2 yrs.)  Children (2-12 yrs.)  
 Adolescent (13-18 yrs.)  Adults (19-65 yrs.)  Elderly (>65 yrs.)

Company/Clinical Site: \_\_\_\_\_ Preceptor Practice Locations:  Single  Multiple

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

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

Contact Person/Office Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Site Contact Person/Office Manager: \_\_\_\_\_

I, the individual named above, am interested in supervising clinical practice experiences for PA students from Franklin Pierce University Master of Physician Assistant Studies Hybrid Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have additional questions, please see:

<https://www.franklinpierce.edu/academics/programs/physician-assistant/hybrid/>

or contact: Melanie McMaster, Program Coordinator, [PAClinicalTeam@franklinpierce.edu](mailto:PAClinicalTeam@franklinpierce.edu)

Franklin Pierce University, 14455 W. Van Buren St., Bldg. A, Ste. 100, Goodyear, AZ 85338, (623) 925-4907.