Preceptorship Proposal Form  
2021-2022

Donald and Barbara 
Zucker School of Medicine 
At Hofstra/Northwell 
500 Hofstra University 
Hempstead, NY 11549-5000 
Email: SOMClinical@hofstra.edu

Directions: Please fill out the form to the best of your ability, and submit to Team Prep at SOMPrepRes@hofstra.edu. Your proposal will be reviewed by the Assistant Dean for Clinical Preparation for Residency and the Associate Dean for Advanced Clinical Learning in order to determine if you will receive credit for the planned activity.

Is your rotation at Northwell, or at an outside institution/site? ________________________________

Important Deadlines: You must submit this form no later than 4 weeks prior to rotation start date. Failure to do so may result in denial of the preceptorship.

Student Name: ___________________________ MS: □ 3 or □ 4 Application Date: ___________________

Mentor(s) Name: ___________________________ Mentor(s) Email: ____________________________

Mentor(s) Phone: ___________________________ Proposed Dates: ____________________________

Institution/School: ___________________________ Site: ____________________________

Title of Preceptorship: ____________________________

Clinical or Non-Clinical: ____________________________

Area of Interest: _____________________________

Last Update: 12/3/19
Proposed Activities: *(please include supervisory structure and schedule)*

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**Proposed Learning Objectives:** *(Identify at least three; please frame as knowledge, skills, and attitudes you hope to attain)*

By the end of this experience, I will (know/be able to/appreciate…)

1.)

2.)

3.)

**How will you know if you have achieved these objectives?**

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**Requirement for Online Course Preceptorship Proposals:**

If you are submitting this proposal for an online course, you must provide proof of 30 hours per week of course work in order to obtain elective credit. This can be an outline of hours that you obtained from the host institution's website, a link to the syllabus, or a link to the school's website explaining the course outline. This proof must be submitted with your proposal form.

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**Please obtain signatures prior to form submission:**

Student Signature: ____________________________________________ Date: ________________
*(Required)*

Mentor Signature: ____________________________________________ Date: ________________
*(Required)*

AI Director Signature: ________________________________________ Date: ________________
*(Only required if there is an ongoing AI in the department)*

ACE Director Signature: ______________________________________ Date: ________________
*(Only required if there is an ongoing clerkship in the department)*

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Last Update: 12/3/19
Director, ICE & ACE Continuity Clinic
(Only required for preceptorships that are to occur in Northwell-affiliated private practices)

Signature: ___________________________ Date: _______________

*If you are unsure if an AI, Clerkship, or Continuity Clinic is operating in a specific department and/or practice, please reach out to Team Prep at SOMPrepRes@hofstra.edu for clarification.*

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Last Update: 12/3/19