Preceptorship Proposal Form  
2019-2020

Donald and Barbara  
Zucker School of Medicine  
At Hofstra/Northwell  
500 Hofstra University  
Hempstead, NY 11549-5000  
Email: SOMPrepRes@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: ___________________________
Proposed Activities:  *(please include supervisory structure and schedule)*

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Please use chart below if your Preceptorship is Clinical:
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?

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.

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)
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.*

Office of Curriculum Support Use Only

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Comments:

Last Update: 2/6/19

2019-2020