



**DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL®**

**Preceptorship Proposal Form
2025-2026**

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

Directions: Please fill out the form to the best of your ability, and submit to Team Prep at SOMClinical@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: <input type="checkbox"/> 3 or <input type="checkbox"/> 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:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

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 somclinical@hofstra.edu for clarification.

Office of Curriculum Support Use Only

Approved

Not Approved

Date: _____

Comments: