

Preceptor Name: _____ Contact Person Name/Title: _____
 Location: _____
 Contact Information: Ph: _____ Email: _____ Fax: _____
 Affiliation: _____

Please indicate which of the following dates would be convenient for you to accommodate our student(s).

Rotation Dates	Senior Day – Students report to campus	Yes	No	# of Student(s)
May 20- June 14, 2019	<i>Class of '19 – 06/13/19; Class of '20 – 06/14/19</i>			
June 17- July 12, 2019	<i>Class of '19 – 07/11/19; Class of '20 – 07/12/19</i>			
July 16- August 9, 2019	<i>Class of '19 – 08/08/19 Class of '20 – 08/09/19</i>			
August 12- September 6, 2019	<i>Class of '19 – 09/05/19 Class of '20 – 09/06/19</i>			
September 9- October 4, 2019	<i>Class of '19 – 10/03/19 Class of '20 – 10/04/19</i>			
October 7- November 1, 2019	<i>Class of '19 – 11/01/19</i>			
October 28- November 19, 2019	<i>Class of '20 – 11/19/19</i>			
November 25- December 20, 2019	<i>Class of '20 – 12/20/19</i>			
December 23, 2019 – January 1, 2020	STUDENTS OFF ROTATION			
January 2 – January 24, 2020	<i>Class of '20 – 1/23/20 & 1/24/20</i>			
January 27- February 21, 2020	<i>Class of '20 – 2/20/20 & 2/21/20</i>			
February 24- March 20, 2020	<i>Class of '20 – 3/19/20 & 03/20/20</i>			
March 23- April 17, 2020	<i>Class of '20 – 4/17/20</i>			

Maximum number of students I would like to precept this academic year: _____

I will not be able to precept for this academic year: _____

Comments: _____

Should you have any questions or concerns, please do not hesitate to contact the D'Youville Physician Assistant Department Program Coordinator at 716-829-7610 or franklin@dyc.edu. Additionally, please update the department with any changes to the preceptor availability or contact information.

PLEASE FAX THIS FORM TO: 716/829-7732.

Thank You!