

15. Do you have Internet access?

- Yes
- No

15a. If YES, what is your e-mail address? _____

16. Please indicate below the hospitals and community institutions with which you have an affiliation.

a. Hospital-Based Affiliations:

1. _____
2. _____
3. _____

b. Healthcare sites at which you provide service **other than your primary site and those listed in 16a:**

1. _____
2. _____

17. Please provide the following information about your most recent precepting (teaching) experience.

- a. School Affiliation _____
- b. ZIP Code of Site _____
- c. Type of student taught _____
- d. Date completed _____
Month Year

18. What level and discipline of health professions student are you willing to mentor? (Check all that apply.)

- First Year Medical Student
- Second Year Medical Student
- Third Year Medical Student
- Fourth Year Medical Student
- Advanced Practice Nursing Student
- Dental Student
- Nursing Student
- Pharmacy Student
- Physician Assistant Student
- Primary Care Resident
- Other _____

19. How many students would you be willing to precept (teach) per academic year? ____ ____ ____

20. Do you have any additional preferences with respect to the students who may be placed with you?

- Yes
- No

20a. If YES, please describe: _____

