In accordance with the Accreditation Review Committee for Physician Assistant (ARC-PA) standards, we kindly request a signature of the statement below outlining that you have received the Preceptor Handbook and understand the educational responsibilities in precepting MU PA students. We also request an email address for speed of communication in the future.

Please return the completed form as soon as possible anyway you prefer:

Fax: 414-288-7951

Email: sandy.dziatkiewicz@marquette.edu

US Mail:
Marquette University, Physician Assistant Studies
1700 Building P.O. Box 1881
Milwaukee, WI 53201-1881

Thank you once again for your contribution to the success of MU Physician Assistant students!

____________________________________________________________________________________

The Marquette University Physician Assistant Studies Program has provided me with a Preceptor Handbook. This handbook outlines the responsibilities of the Program, Preceptor, and Student during the Supervised Clinical Practice experience. I acknowledge receipt and understanding of these documents.

____________________________________________________________________________________

Name (please print)

____________________________________________________________________________________

Signature Date

____________________________________________________________________________________

Email Address (PLEASE PRINT CLEARLY)