



COLLEGE OF HEALTH PROFESSIONS
Department of Physician Assistant Studies

Preceptor Availability Form

Please review the rotation schedule below and select the rotation(s) that you are available to precept students during the 2025-2026 clinical year.

Preceptor Name _____ Email _____

Please provide the name of an alternate Physician/PA if you are unavailable to complete the rotation (i.e. vacation, conference, or illness). This Physician/PA would assume the responsibility of Preceptor, in the interim of your absence.

ALT. Preceptor Name _____ Email _____

Practice Name: _____

- ___ PA 601-Family Practice
___ PA 602-Internal Medicine, Outpatient
___ PA 603-Hospital Medicine
___ PA 604-Women's Health
___ PA 605-Pediatrics
___ PA 606-Emergency Medicine
___ PA 607-Surgery, General
___ PA 608-Behavioral Medicine
___ PA 609-Orthopedics
___ Elective/Specialty
Number of Students per Rotation: ___1 ___2 ___3

Table with 5 columns: Term, Rotation, Length, Start Date, End Date. Rows include Spring Term, Summer Term, and Fall Term for Rotations 1-9, and Elective - 1, 2 for Rotations 10-11.

** Dates are subject to change due to Program priorities**

We at Mercer University thank you for your time and dedication to educating future Physician Assistants. We look forward to collaborating with you.

Please email this form to paclinical@mercer.edu