

MERCER
UNIVERSITY
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 2026-2027 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

		ROTATION	LENGTH	START DATE**	END DATE**
Spring Term	<input type="checkbox"/>	Rotation 1	5 weeks	February 16, 2026	March 18, 2026
Spring Term	<input type="checkbox"/>	Rotation 2	5 weeks	March 30, 2026	April 29, 2026
Summer Term	<input type="checkbox"/>	Rotation 3	5 weeks	May 4, 2026	June 4, 2026
Summer Term	<input type="checkbox"/>	Rotation 4	5 weeks	June 8, 2026	July 9, 2026
Summer Term	<input type="checkbox"/>	Rotation 5	5 weeks	July 13, 2026	August 13, 2026
Fall Term	<input type="checkbox"/>	Rotation 6	5 weeks	August 31, 2026	September 30, 2026
Fall Term	<input type="checkbox"/>	Rotation 7	5 weeks	October 6, 2026	November 4, 2026
Fall Term	<input type="checkbox"/>	Rotation 8	5 weeks	November 9, 2026	December 8, 2026
Spring Term	<input type="checkbox"/>	Rotation 9	5 weeks	January 4, 2027	February 3, 2027
Spring Term	<input type="checkbox"/>	Elective - 1 Rotation 10	5 weeks	February 8, 2027	March 10, 2027
Spring Term	<input type="checkbox"/>	Elective - 2 Rotation 11	5 weeks	March 22, 2027	April 21, 2027

** 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