



## Preceptor Vetting Policy

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**APPLIES TO:** Prospective and current CMU PA students

**BACKGROUND:**

One of the goals of the CMU PA program clinical team is to place every learner with physicians who are specialty board certified in a specific area of instruction, PAs who are NCPPA certified, or other licensed health care providers qualified in their area of instruction. The processes used to achieve this goal include:

- Continuing CMU (institutional level) strategic efforts to prioritize and obtain specialty clinical sites such as OB/GYN and Pediatrics.
- Identifying selected preceptors willing to fill exposure gaps but who may not be able to accommodate one or more students for an entire rotation.
- Maximizing the utilization of Longitudinal Integrated Clerkships in areas where exposure gaps are anticipated or may be present.
- Developing additional relationships with rural locations who have access to specialty board certified physicians working with teams of certified health care providers (PAs, NPs, etc.).

**PURPOSE:**

If the program is considering placing learners with a physician preceptor who is no longer board certified or is not board certified in the area of instruction (for example OB/GYN, Behavioral Medicine), the CMU PA program clinical team will consider whether the non-board certified physician preceptor works with a team of certified PAs and/or other health care providers and whether the training and patient experience qualifies the team to provide care in the area of instruction.

For example, this may include use of physicians who are board certified in family medicine and/or specialty physicians such as those practicing in internal medicine, or surgical specialties (orthopedic, vascular, etc.) and who possess the training and patient experience necessary to meet program expectations for supervised clinical practice experience in other areas. This consideration is based on the standard residency training for family medicine which includes care of infants, children, adolescents, the elderly, human behavior and mental health, surgical management, maternity care and women's health/ gynecologic care. See American Academy of Family Physicians (AAFP), *Family Medicine Residency Curriculum Guidelines* <https://www.aafp.org/students-residents/residency-program-directors/curriculum-guidelines.html>.

Placements will only occur after a site assessment that identifies: 1) whether the physicians or physician/PA teams are qualified to precept in the area of instruction, and 2) whether students will be able to meet program defined learning outcomes for the SCPE in question. This assessment includes a review of the physician's certification status (including expired certifications or other certifications outside the area of instruction), curriculum vitae, years of experience in practice, years of experience in precepting, and experiences with the necessary patient populations to ensure appropriate level of expertise as well as exposure. The Director of Clinical Education will complete the attached form for each preceptor who is not board-certified in the area of instruction or is not practicing in the area of instruction.



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In the event a student is placed on the clinical site with a physician preceptor who is not board certified in the area of instruction or is not practicing in the area of instruction (i.e., a board-certified family medicine physician precepting the WH SCPE), the site assessment process will include the following, within particular SPCEs after students have completed the SCPE in question:

1. Comparing student evaluations of the “nontraditional” clinical sites (with preceptors who are not board certified in the area of instruction or practicing in their area of instruction) and the “traditional” sites (with board-certified preceptors who are certified and practicing in the area of instruction).
2. Comparing the student evaluations of preceptors at nontraditional clinical sites with preceptors at traditional sites.
3. Comparing the preceptor evaluations of students in “nontraditional sites” and the traditional sites in the SCPE.
4. Comparing the student end-of-rotation (EOR) performance for those in the “nontraditional” clinical sites with the EOR performance of students in the “traditional” clinical sites.

### **POLICY:**

1. Verify that each preceptor that is approved for the Program has met all ARC-PA requirements found in Standards A2.13, B3.05, B3.06, and B3.07.
2. Ensure site and preceptors meet the Program’s expectations for enabling students to meet learning outcomes and achieve performance evaluation measures.

### **PROCEDURE:**

Process for obtaining Qualified Preceptors:

- Step 1: Verify that each preceptor holds a valid current state license to practice medicine in their respective state. This is outlined below.
- Step 2: Verify that each preceptor holds a valid current board certification in their respective field of medicine. This is outlined in the below.
- Step 3: Review the current CV submitted to the program along with their preceptor application components to ensure that Preceptors are qualified through academic preparation and experience to oversee the SCPE for which they are assigned and will enable students to meet program defined learning outcomes (Standard A2.13). The Program considers, for example:
  - How many years the provider has been in practice.
  - Expired board certifications.
  - Experience precepting.
  - How many patients the provider sees.
  - The distribution of patients seen.
  - Any other locations and sites the preceptor practices within.
  - Previous background in teaching.
  - Educational credentials.
  - Additional members of the preceptor teams (if applicable).
- Step 4: For preceptors who are not board certified in their area of instruction or are not practicing in their area of instruction, the program evaluates whether the preceptor is qualified and will allow students to



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meet program defined learning outcomes. The Director of Clinical Education will make a determination about whether the non-board-certified preceptor is qualified to precept in the area of instruction and whether the preceptor will allow students to meet the program-defined learning outcomes.

Procedure for determining and maintaining current licensure and certification information for all instructional faculty serving as supervised clinical practice experience preceptors.

- Step 1: Preceptor license is available in Preceptor files/LARA website. The board certification is available in <https://certifacts.abms.org/Login.aspx> for Physicians, into the NCCPA website for PAs, and into the website for NPs. These are the state and board certification verifying sites for each, respectively.
- Step 2: The Program prints the license and board certification reports and files them for each preceptor.
- Step 3: The Program enters the license and board certification expiration dates into Typhon.
- Step 4: Typhon automatically sends an expiration notice to alert the clinical team when the records need to be reverified and updated. These are also verified monthly with current rotation preceptors.
- Step 5: The clinical team member assigned to this expiration email will then look up the preceptor's credentials again in the two websites listed above to verify updated credentials.
- Step 6: If they are not current, the clinical team will send an e-mail to the preceptor with a notification of expiration.
- Step 7: If the preceptor does not respond or the date of expiration is within a week, the assigned clinical team member will call the preceptor to speak directly with them regarding the issue.
- Step 8: If the expiration is met with no resolution, then any students rotating with that preceptor will be pulled and the preceptor will not be used unless current license and certification are reverified or in the case of a physician preceptor, until the program can evaluate the preceptor to determine if he/she meets the criteria stated above.

Procedure for orienting Preceptors to the Program's policies, procedures, and learning outcomes.

If the provider has satisfied all preliminary application requirements (CV, state license, and board certification review) the Program's clinical team will begin the preceptor orientation process.

- Step 1: An initial site visit will be carried out to accomplish the following tasks:
  - Clinical faculty will complete the initial clinical site checklist form and maintain that form in the Program's records to confirm that the site meets all Program expectations.
  - The preceptor will be given a hard copy of the Program's Preceptor Packet, which contains preceptor requirements, all Program contact information, the Program's clinical policies and procedures, and expected safety measures.
  - The preceptor will be given a hard copy of the Program's course syllabus for their specific SCPE/clinical rotation, which contains the learning outcomes for the course and an outline of course expectations and forms of assessment for the course.
  - The clinical faculty will allow the preceptor to ask questions, discuss any concerns, and receive clarifications.
- Step 2: The Program will send an email to the preceptor with a read receipt containing the following items:
  - An electronic copy of the Program's Preceptor Manual.
  - An electronic copy of the syllabus for their specific SCPE/clinical rotation.
  - A follow up opportunity to ask questions and receive any additional clarifications.
  - Verification via Typhon survey for preceptor attestation.



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- Step 3: The Preceptor is considered oriented to the Program and students will be assigned to SCPEs with that Preceptor.
- Step 4: While students are assigned to the preceptor for SCPEs, communication with the Program is carried out in three ways.
  - The Preceptor is provided with contact information and is asked to contact the program at any time and as soon as possible if there are questions, problems, or concerns of any kind.
  - End-of-SCPE forms for preceptor evaluations of students will be collected for each student.
- Step 5: All clinical sites and preceptors are continually evaluated, and preceptors are reoriented at least every two (2) years via virtual/or in-person means. Reevaluation includes a repeat of steps 1-4 above, including in the ongoing Clinical Site evaluation. Additionally, sites and preceptors are continually evaluated through the Program's self-study process to ensure adequate safety, ability of the site to enable the student to meet learning outcomes for the clinical rotation, and appropriateness of educational experience, among other items.

Approved by Clinical Committee September 1, 2023, reviewed July 18, 2025

*Kathleen Flannery, PA-C*

**7/18/2025**

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*Signature*

*Date*

Kathleen Flannery, PA-C  
CMU PA Program Director