



Health Careers Mentorship Program



HCMP Preceptor Form

Physician's Printed Name: _____

Physician's Signature: _____ Medical School Alumnus: _____

Specialty/Sub-Specialty: _____ Research/Teaching? _____

Local Mailing Address: _____

Physical Office Address: _____

Phone #: _____ Beeper #: _____

E-mail address: _____

Contact person (a secretary or appointment person with whom the student may contact):
Name/Title/Telephone: _____

I am interested in participating as an HCMP physician mentor.

I am not interested in participating as a mentor; however, I would be interested in participating in some of the activities noted below (please indicate).

Two or three times a week; varied activities such as rounds, lectures, and activities deemed appropriate.

Meeting with a group of premedical students informally in a discussion session during the semester.

Be a guest speaker for a lecture or discussion section.

Suggested opportunity:

If possible, please indicate your professional weekly schedule-							
	Monday (time)	Tuesday (time)	Wednesday (time)	Thursday (time)	Friday (time)	Saturday (time)	Sunday (time)
Patient Visits							
Hospital Rounds							
Surgery							
Other:							