

SAMPLE PRECEPTOR LETTER

I will serve as a preceptor for the below named student according to the following details:

Student name:
Start date:
End date:
Clinic/Hospital/Site:
Country:
Address:
Telephone:
E-mail:

Goals/Objectives:

Additional Information:

I will evaluate the student's performance during the rotation and will complete the evaluation form that he/she provides. The elective will include at least 150 hours of clinical service and the student's responsibilities will be appropriate for a senior medical student.

Preceptor Name: