Visiting Medical Student / Medical Graduate Preceptor Attestation Form

Fourth-Year Elective Clinical Rotation or Medical Graduate Observership

Instructions: This application is for physicians who agree to be the Sponsor/ Preceptor for a visiting 4th year medical student elective or a medical graduate observership. Only those students who are NOT enrolled in a medical school accredited by LCME or COCA, may utilize this pathway. Students whose school is accredited by those organizations MUST go through Mercer University School of Medicine to obtain an elective. This form must be completed by the sponsoring physician and submitted by the applicant as part of the initial application packet.

Sponsoring Physician / Preceptor Attestation

Sponsoring / Preceptor name	
Department / specialty	
Email	
Phone	
Clinical site / location	
Dates of rotation (not to exceed 4 weeks total)	

Sponsor / Preceptor Attestation Item	Yes	No	Comments
I agree to sponsor/precept the applicant for the requested experience, if approved.	☐	☐	
I confirm the proposed experience is appropriate for the applicant type and scope.	☐	☐	
I understand and accept responsibility for appropriate supervision during the approved experience.	☐	☐	
For an observer, I understand the experience is observation-only and the observer may not provide patient care.	☐	☐	
I will notify Medical Education if the dates, location, scope, or supervision arrangement changes.	☐	☐	
I confirm that the proposed experience will not interfere with the educational experience of AHN-sponsored or Mercer University SOM learners.	☐	☐	
This will be the only student authorized by this pathway rotating with me during the stated timeframe.			
Sponsor/ Preceptor signature			**Date**

Submission Instructions

Submit completed application and required supporting documents directly to the student to be submitted with their application.