

PRECEPTOR INFORMATION

Preceptor's full Name:

Practice:

contact email:

TEACHING/PRECEPTING ACTIVITIES

Student Name:		
Course:		
Academic Term: e.g., Fall 2024		
Date:		
Role: specify if you are not the main- or co-preceptor		
Teaching/Precepting Activities: detailed description of activities and support provided to the student		
Hours spent:		

please title your document <YOUR NAME - PRECEPTING ACTIVITIES - DATE>

please upload your document to: <https://macdrive.mcmaster.ca/u/d/c6e4e3f53d17403a8327/>