



Clinical Preceptor Recognition Program Endorsement Form

To honor PAs that serve as educators of the next generation of PAs, the Physician Assistant Education Association (PAEA) and AAPA have partnered together to support the Clinical Preceptor Recognition Program.

Instructions for the PA: Please mail or email a copy of this form to your endorser.

The following PA would like your endorsement for the Clinical Preceptor Recognition Program:

Full Name of Preceptor: _____

Email: _____

An endorsement is verification that the above noted PA served as a preceptor for your program and that you support this PA should he or she undertake another preceptor assignment at your PA program.

*On behalf of _____ I fully endorse _____ for
recognition by the PAEA and AAPA Clinical Preceptor Recognition program.*

Signature of Endorser: _____

Name of Endorser: _____

Title: _____

Program: _____

Address: _____

City, State, Zip: _____

Instructions for the Endorser: Please complete this form and mail, email or fax this form to AAPA. You can also complete this form [online](#).

Fax: 571-319-4313

Email: cp@aapa.org

Mail: American Academy of PAs

Attn: Clinical Preceptor Recognition Program

2318 Mill Road, Suite 1300, Alexandria, VA 22314

To learn more about this recognition program, visit the [Clinical Preceptor page online](#). For additional information about precepting, please visit PAEA at <https://paeaonline.org/publications/preceptor-handbook/>.