



## 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](mailto: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/>.